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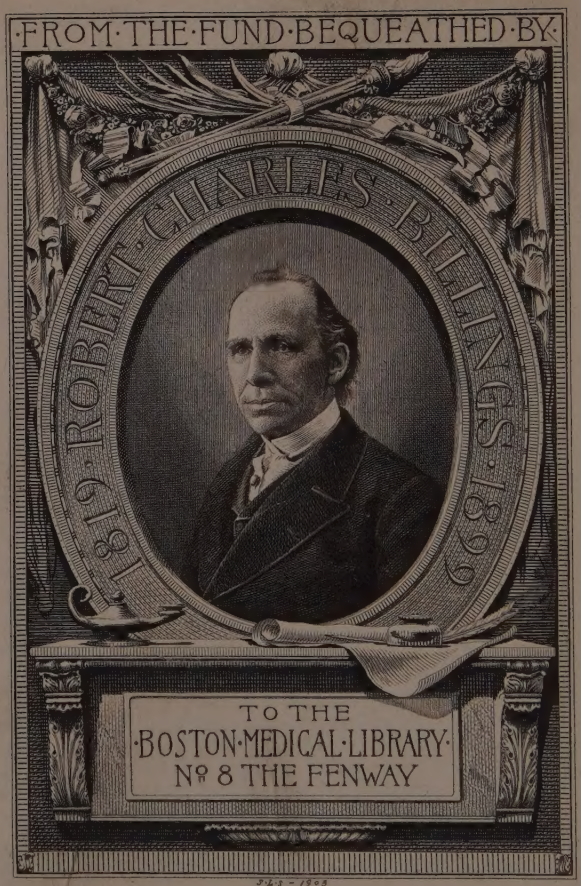
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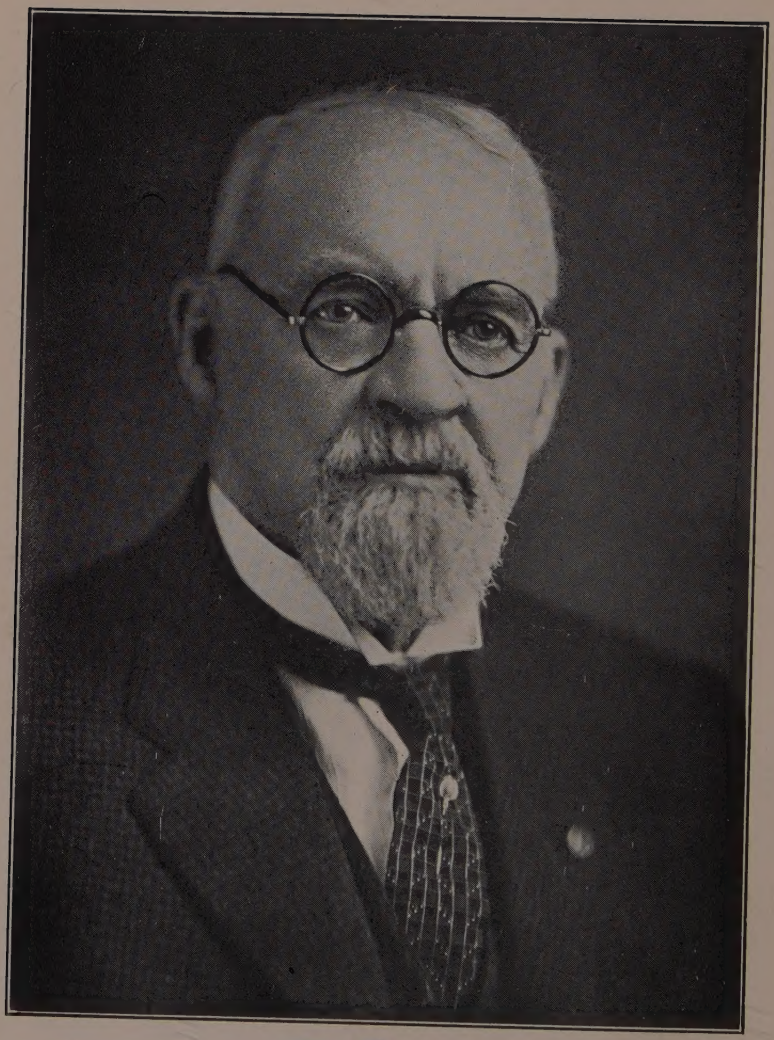

Chas B Johnson M.D.

CAT.

Sixty Years in Medical Harness

OR

The Story of a Long Medical Life

1865 - 1925

BY

CHARLES BENEULYN JOHNSON, M. D.

AUTHOR OF MUSKETS AND MEDICINE, MEDICINE IN CHAMPAIGN COUNTY, ILLINOIS IN THE FIFTIES, ETC.

Where, O, where are the visions of morning
Fresh as the dews of our time?
Gone like tenants that quit without warning,
Down the back entry of time.

Oliver Wendell Holmes.

NEW YORK
MEDICAL LIFE PRESS
1926

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This volume is dedicated to that ever serviceable but now vanishing member of the Medical Profession, the old-time

FAMILY DOCTOR

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Published by the Medical Life Press of New York.

FOREWORD

"Sixty Years in Medical Harness" is a simple narrative of the experiences and observations of an everyday Country Doctor who, on the one hand has endeavored to be as frank in naming his mistakes and failures, as on the other to note some of his successes and achievements.

During the period covered by this narrative, namely, the last third of the Nineteenth Century and the first quarter of the Twentieth Century, a complete revolution has occurred in the science and art of healing, due to the many advances and discoveries in the field of medicine.

To in some measure, keep pace with this revolution, to take note of the various advances and discoveries, has at all times been in the mind of the writer, but despite his ideals he is conscious that much that he has written will not measure up to the highest standards, and for this and the narrative's many other shortcomings the writer craves the generous forbearance of the reader.

Champaign, Illinois, October 8, 1925.

CHARLES BENEULYN JOHNSON, M.D.

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INTRODUCTION

The writer of this Introduction seems to have a special affinity for the year 1843. Dr. Shobal Vail Clevenger, our Don Quixote of Psychiatry, was born in 1843; Dr. Samuel E. Gibbs, who in spite of his venerableness frequently climbed the several flights to our sanctum, and whose Leaves from an Old Note-Book appeared in our journal, was also born in 1843; and Dr. Charles Beneulyn Johnson, a large portion of whose Autobiography was first published in *Medical Life,* is likewise of the vintage of 1843. In passing we may remark that 1843 was a mighty good year for a doctor to be born—it was the year that gave birth to Robert Koch.

We wish we might quote some of the letters we have recently received from this octogenarian autobiographer. They are so human and humorous, they exhibit such mental balance and physical vigor, that it is difficult to believe they were typed by fingers which first touched the world over eighty years ago—Dr. Johnson as a rule is his own stenographer. We regard Dr. Johnson as a splendid representative of the old time country doctor. Although much of his career was passed on the prairie and in villages, he came into personal contact with many distinguished names in American medicine: he chummed with Norman Bridge in college, he roomed with Isaac Newton Love, he marvelled at the dexterity of Moses Gunn, he studied anatomy under the lame but eloquent Corydon L. Ford, he heard Nathan Smith Davis denounce the germ theory of disease, he saw the venerated Samuel David Gross, and he listened to J. Marion Sims. His early practice was among the pioneers of the prairie, his calls were made on horseback, and he carried his office in his saddle-bags. He was the first health officer of his community, and he recalls the antagonism which greeted his early efforts at quarantine.

The entire Autobiography is written in a frank, simple and sincere style, and constitutes a valuable contribution to the medical history of the period. The chapters which originally appeared in *Medical Life* attracted favorable notice among leading medical historians, both in this country and abroad. For example, Iwan Bloch (Berlin), shortly before his lamented decease, called the attention of Erich Ebstein (Leipzig) to the Johnson serial, and it is listed on page 393 of Dr. Ebstein's noteworthy production, Physicians' Memoirs of Four Centuries. Thus the name of our Country Doctor is linked with that of two distinguished European scholars.

We are soothed by this placid and prolix story, which never rushes stormily onward by the motors of modernity, but peacefully ambles and rambles along on horse-and-saddle. With his clamorous autos and shrieking radios, with his far-firing guns and continent-covering aeroplanes, man is in possession of ever-increasing Power, but too much machinery is not good for the human soul, and our present generation is noisy and frantic, rather than dignified and happy.

Our high-powered and high-priced specialists may smile at the general practitioners of the sixties, but in whose office was the sick man safer? Expensive apparatus, imposing suites, aloofness, assistants and secretaries, with fancy fees and efficient attorneys—we admit this is a phase of the healing art beyond the ken of the backwoods doctors. But when the old breed passes, something never to be replaced will disappear from American medicine, and we are glad to open The Library of Medical History with *Sixty Years in Medical Harness*, for in these pages will ever live the spirit of an old-time country doctor.

VICTOR ROBINSON, M. D.

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I

FROM WAR TO PEACE

There is no life of a man, faithfully recorded, but is a heroic poem, rhymed, or unrhymed.—CARLYLE.

SIXTY years ago (January 1865) the Civil War was yet in progress and I, a Union soldier, was in the then, enemy's country, serving as Hospital Steward of the 130th Illinois Infantry Volunteers, a regiment then in its third year of service in the field, for the most part. As my duties did not occupy all my time I was wise enough to devote some of my spare hours to the study of medicine.

As the regiment was for much of the time at the front and not unfrequently on the firing line, we seldom remained long in one locality and our frequent marches from place to place necessitated cutting our baggage and impedementa down to the minimum and in consequence our medical library contained but few books. Among these I recall Mendenhall's Vade Mecum, Pereria's Materia Medica, Fowne's Chemistry and Gray's Anatomy, then newly published and very popular with students and practitioners alike. This popularity was in part due to the work's graphic illustrations and to the further fact that each anatomical part had printed its name in plain letters.

But beyond and above all that I found between book covers, were the clinical opportunities that fortune threw in my way. Not long after the organization of our regiment we were stationed at Memphis, Tennessee during the winter of 1862-63, where and when a great many of our men fell sick and in consequence we occupied a large two-story frame house for a temporary hospital. Four

of the larger rooms were made to serve as so many wards and these were soon filled to overflowing with patients suffering from pneumonia, typhoid fever, erysipelas, rheumatism, measles and I recall one fatal case of pulmonary tuberculosis.

In that period, sanitation was little understood, and this little was almost never put in practice; and to even a more pronounced degree the same could be said of disease-prevention. No one seemed to know that pneumonia, erysipelas, typhoid fever, tuberculosis, etc., were infectious and consequently patients with these diseases were all huddled together indiscriminately in overfilled and poorly ventilated wards. Fortunately there was in each room a coal fire in an open grate and this, to a degree, at least, saved the situation for all the fresh air came through cracks under the door and in the windows.

The above is no reflection on our regimental surgeons for they had average attainments for that period. One of these, Dr. David Wilkins, was a graduate of the Medical Department of Michigan University, which ranked as one of the most thorough of its kind. Another one of our surgeons was a graduate of Missouri Medical College and was fond of telling that he had for a classmate, Rosa Bonheur, later the celebrated painter of animals. In that period, co-education in medical schools was not in vogue and Rosa Bonheur's case was unique.

The Civil War hospital bed, always called a cot, consisted of a strong oak frame across the top of which was stretched tightly, heavy ducking and immediately upon this was made the patient's bed. Springs were never used and save for screws and bolts no iron entered into the construction of the cot. Likewise clean linen had no place in the makeup of the beds in our wards for, in lieu of sheets and pillow-slips, rough coarse army blankets served as makeshifts and here let it be said that the Civil War army blanket was far rougher and coarser

than its far from finely woven army blanket successor of today. As the modern house of our time with its furnace heat, running water and toilet conveniences was unknown in the Civil War Era, it need hardly be said that the Memphis of that time was to all intents and purposes but an overgrown village. There being no bathing conveniences, in the winter months patients in their unwashed underclothes sometimes went for weeks with no thought of applying water to any part of the body other than the hands and face. Likewise there being no toilet conveniences and a dearth of room to meet the calls of nature, vessels had to be used in the wards and removed as promptly as possible. In all instance the contents of these vessels were emptied on the surface of a garden spot back of the building we occupied.

The patients' beds were made up substantially as follows: a blanket folded to proper size was spread over the cot in lieu of a cotton sheet, a second blanket folded several times served as a pillow and finally one or more blankets were used as cover for the patient who, let the reader not forget, was more often than otherwise a boy, both in age and appearance.

The several wards with their odor-complex and sad lack of white linen were far from attractive to visitors and soldiers who from time to time came to see their sick comrades. However, there was one daily visitor who seemed not to care for these unpleasant ward conditions. To be more in line with the truth this visitor certainly cared and no doubt longed for their correction, but as this was not practical no word of dissatisfaction or criticism was so much as breathed. The reader will perhaps be surprised to learn that this daily visitor was a woman, Mrs. Caldwell, our Hospital Matron, who when she came in the ward dressed in the everyday fashion of the time which included a neat calico dress, hair combed down over the sides of her face and a handsome tucking comb

in the roll of hair at the back of her head, at once became the center of all eyes and doubtless brought to mind mother, daughter, wife or sweetheart in the faraway Northland. Mrs. Caldwell made it a part of her business to bring certain delicacies from the kitchen, all the more appreciated because prepared by and delivered from a woman's hands. She also wrote letters for such patients as so desired and made it a point to speak a kind word to each and every sufferer. So rare was the sight of a woman in that then Enemy's Country that the patients literally feasted their eyes on our kindly matron and looked upon her as a veritable Angel of Mercy.

The physical examination that preceded the Civil War soldier's entrance in the service was superficial in the extreme and as a result many thousands of unfit were received in the ranks. Little wonder was it then, that at the end of a relatively short period of service, large numbers of these succumbed to disease and many of the same class were found to be so unequal to a soldier's life, that they were discharged and returned to private life, from which they never should have been withdrawn.

In our Regimental Hospital was a small room which was utilized as a morgue and much too frequently for our satisfaction was tenated by a dead Comrade till his remains could be placed in a cheap government coffin and consigned to rest in the bosom of Mother Earth. To a Soldier's Burying Ground in the outskirts of the city the street in front of our Regimental Hospital led, and not unfrequently there would be seen passing an ambulance in which was a government coffin containing a dead soldier with a military band in front playing a dirge, and on each side of the vehicle a file of soldiers with arms reversed. To those of us who happened to be lookers-on no words were needed to apprize us of the sad fact that one more Northern boy had given his life

to maintain intact the land of his fathers and to preserve inviolate the flag under which he had enlisted.

On the surgical side it was my fortune to see about every form of wound that shot, shell or bullet could inflict. The Civil War bullet was fired from a single barreled rifle musket and a muzzle loader. The regulation bullet was what was known as the Minnie ball, weighed about an ounce, was nearly as large as the end of a man's thumb, and in size and shape was not unlike a white oak acorn. That the Minnie ball was potentially destructive, and this in a high degree, need hardly be said and when it struck a bone much splintering resulted in nearly all instances. In the event one of the long bones was hit its continuity was not unfrequently destroyed. Likewise if a larger joint was involved the result was frequently serious in the extreme, due in no small measure to the unclean surgery of the period. Bullet wounds were vastly more numerous than any other battle injuries. Shell wounds were relatively few. I never saw an injury inflicted by a bayonet thrust, and only one sword wound came under my observation and this was relatively slight.

The most advanced Civil War surgeon knew nothing of practical antisepsis and asepsis as we see it on every hand today and consequently healing by the first intention was a dream that was only in the rarest instances realized. *Never realized* would be nearer the truth, for practically every wound supurated and "laudable pus" was always looked for and in all instances welcomed. Substantially all wound healing was by granulation. Wounds involving the abdominal cavity were nearly always fatal, those of the brain cavity more fatal still. As said above wounds of the larger joint cavities were in all instances serious and oftener than otherwise ended in death. Under these circumstances amputations and a

radical sacrifice of parts were frequently resorted to to obviate fatalities.

Through the occipital bone a bullet penetrated the brain of the Captain of my Company, during the siege of Vicksburg, and he was brought to our Field Hospital in a comatose condition and the first thing our Major Surgeon did, was to introduce his unwashed and wholly unprepared index finger its full length into the wound. Though up to date in his profession, yet our believed-to-be, especially clever surgeon, had no conception of the fact that his dirty finger was, if anything, more deadly than the enemy's bullet that had buried itself in the patient's brain. Needless to add that the sleep of coma soon passed into the sleep of death. I recall one pitiful case: A musket ball just penetrated the skull of a brave man who for days walked round in a dazed condition, but who later died. Could this poor soldier have had the benefit of modern, clean surgery I confidently believe he would have recovered. From the foregoing it will be seen that I saw no little of disease and battle injuries during my term of service as Hospital Steward of the 130th Illinois Infantry Volunteers but this like all else of an earthly nature came to an end. In my case came to an end four months after the collapse of the Confederacy in May, 1865.

To make a long story short, let it be said that about September 1, 1865 our Regiment went aboard a boat at New Orleans and started up the Mississippi River for our homes in the Northland from which we came three years before. The weather was delightfully warm and we spread blankets on the cabin deck of the boat for our sick to lie upon. Among these was a typhoid patient who one night, in his delirium, got up from his place, walked a few paces to the railing that surrounded the cabin deck, climbed over this, jumped in the river and was of course drowned. All this was seen by the male

nurse from a little distance where he was occupied with another duty and from which he could not reach the patient in time to prevent the fatal plunge. This was tragic death No. 1, but before we ended our up-river journey we were destined to encounter tragic death No. 2, really more tragic than death No. 1 as the following will show. One morning a certain soldier was missed at roll call and as no one knew anything of his whereabouts the conclusion was reached that he had fallen overboard in the night time with no one to witness his misfortune. Some ten days later after we had reached Camp Butler near Springfield, Illinois, our Colonel received a letter from the Commandant at Vicksburg, Mississippi, saying that the body of a dead man floating in the river had been rescued and was found to have a bullet hole in his head and papers found on his body pointed to him as the missing soldier from our regiment who had disappeared so mysteriously. The finding of the man's dead body in this way only added to the mystery for night and day guards were on duty on the boat and these avowed that neither in sunlight nor darkness was there heard the report of a gun. The tragic deaths of these two Civil War veterans at the end of three years of strenuous service were but further illustrations of the fact that I had all along brought home to me, namely, that in our war experience life was cheap, yes frightfully cheap.

In due course our steamboat trip up the "Father of Waters" ended at Cairo, Illinois where we disembarked. Much of our three year's service had been contiguous to this great river and many were the times that we had had occasion to go aboard a steamboat and make a trip on its surface. A trip that was never without danger for from the river banks both cannon ball and musket shot were at any moment liable to greet the passing "Yankee" craft. So relatively frequent were these at-

tacks that scarcely a boat could be seen south of St. Louis that did not bear the marks of the enemy's missiles. Our river trip from New Orleans to Cairo, at the end of the war was peculiar in the fact that we felt secure from attack. Arrived at Cairo we gladly boarded a train of stock cars which after about eighteen hours landed us at Decatur, Illinois, where we transferred to the Wabash Railway and in due time reached Camp Butler where three years before we had been mustered in the service and from which we started for the enemy's country. After a few day's stay at Camp Butler we were mustered out of the service, received our pay and all went to their Illinois homes as once-more citizens. To me, and no doubt to my comrades, the sensation of being a civilian with the privilege to go when and where one pleased seemed strange and almost unnatural.

One day not long after reaching home, a letter came from a physician who had served as one of the Assistant Surgeons of my Regiment, the 130th Illinois Infantry Volunteers, and with whom I had had daily association during my service as Hospital Steward, offering me a position as clerk in a drug store he had just purchased. I unhesitatingly accepted the offer and in a short time boarded a train for Flora, Illinois where my contemplated employer had his home. Arrived at my destination I found the prospect far from inviting. To make a long story short I found the drug store very small, the stock badly run down and its patronage discouragingly light. However, I decided to try and make the best of a discouraging situation. Later discovering that I had a good deal of spare time I devoted part of this to the study of drugs and their various uses aided by such works as the U. S. Dispensatory, Fownes' Chemistry, Parish's Pharmacy, etc. I slept in the store; supplied with quilts and blankets I made on the counter as good a bed as I cared for. The remembrance of my army

sleeping experiences made my quilts and blankets spread on the counter seem like a "downy-bed-of-ease" by comparison.

With the approach of spring it became apparent that my employer was playing a losing game and that his income would no longer justify him in keeping me in his employ on a salary that would justify my remaining. Accordingly I bade good bye to Flora and went back to my mother's home in my native County of Bond and near Greenville, Illinois. Here I found my brother busy and intent on his farming operations and in which he offered me a very liberal partnership. Having nothing better in sight I promptly accepted my brother's offer and spent the remaining spring months, the summer season and the following September in the strenuous farm life of that period. However, this was in reality going back to a life in which I had in large measure grown up. For although previous to joining the Army in my nineteenth year, I had spent most of my winter months in school, since I had been able to reach the plow handles, in the warmer months my time was devoted to farm work. This being true I all the more intelligently in that season of 1866 once more took up farming. However, this proved to be exceptionally strenuous and necessitated stirring early and late to meet the exigencies of the situation.

As matters turned out the season of 1866 proved to be exceptionally fruitful and yielded abundant crops of all kinds including malaria in all its forms. Malarial fever began to prevail in July and continued till the appearance of heavy frost, in other words during the life time of the *anopheles mosquito,* but of this insect's part in purveying malaria the most learned physician as yet knew nothing. One prevalent form of malaria in that day was "bilious fever," so named because in the early stages of the attack there was persistent vomiting of bile.

During that season (1866) I was a sufferer from malaria in more than one variety. First I was stricken with bilious fever and before I had recovered my health was attacked with a chill on alternate days. One of these attacks my folks always insisted was the much talked of and much dreaded "congestive chill." Whatever the nature of the chill I soon became drowsy, so drowsy in fact that my folks thought I was passing into the "eternal sleep." Well, however near may have been the "King of Terrors" I was most comfortably unconscious of any danger whatsoever.

But whatever may have been the nature of my attack I rallied and was myself in due time though weak and anemic. It was the long hours, the slavish work, the severe attacks of malaria, or all combined, that to a degree unsettled me and finally brought me to the conclusion that the life of a farmer was not altogether to my liking. Then too, my old love for books and study asserted itself and created an urge that in the end I could not resist. The result was that I one day sat down and wrote to several medical schools for catalogs and upon receiving these and comparing them decided to take the course of lectures offered in the Medical Department of the University of Michigan.

After some needed preliminary arrangements I, one beautiful morning in early October, boarded a train for the University of Michigan by the way of Chicago. Reaching the latter place I put up at the Adams House where by appointment I met a friend with whom I next day visited the State Fair located in the southern outskirts of the city. In one of the sideshows the world-famous Siamese twins were on exhibition and I paid the price of admission and went in to see them. They were both of the male sex, in the truest sense brothers and the fleshy band that literally tied them together was about three inches in diameter, some fifteen inches in length

and extended from the base of one twin's breast bone to a corresponding point on the body of his brother. They were of the Chinese race, were in middle life and their chaperon avowed that they each had a living wife. He also said that upon reaching maturity they were desirous of being separated and with this object in view consulted several eminent surgeons who were unanimous in advising against an attempt at separation as it was thought that important nerves and large blood vessels passed through the band of connection.

I passed a busy day of sight-seeing, returned to my hotel for supper and about 9 P. M. went to the old ramshackle structure at the head of Randolph Street which housed the Illinois Central and Michigan Central Railways and boarded a train on the last named for Ann Arbor, the seat of Michigan University. In that period sleeping cars had not come in general use and had there been one on my train the state of my finances would not have justified me in occupying a berth in it. As it was I arrived at Ann Arbor about 9 A. M., after a sleepless night, tired and hungry and found that a large number of students who had arrived earlier had stripped all the eating places of food, consequently I reluctantly fasted till the noon hour. However, tired and hungry as I was I put in the intervening hours visiting the college campus and the office of the Registrar to learn something of what was before me.

II

IN AND ABOUT THE MEDICAL AMPHITHEATER

By medicine may life be prolonged,
Yet death will claim the doctor too.
Shakespeare.

WITH a prudent desire to hold expenditures within bounds I made some inquiries relative to costs and learned that as a non-resident of Michigan I would have to "put-up" ten dollars! Think of it! Ten dollars for the privilege of attending a six-months course of lectures, given by one of the ablest faculties in the country! Had I been a native of the state I should have gone "Scott-free!"

Later I went to the Medical Building for the purpose of matriculating and where a blank was handed me by Professor Douglas to fill out. This included such common-place questions as my name, place of residence, and date and place of birth, all of which were duly answered. But when I reached the last query, namely, the name of the Institution from which I had received my preliminary education I was a little embarrassed. Professor Douglas who passed on these questions, looked stern and uncompromising; but finally I "got my nerve" and wrote in its proper place, Pocahontas Academy. Pocahontas Academy of Pocahontas, Bond County, Illinois, was started under that name more than two generations ago, but with the coming of "free" schools in the mid-fifties was merged in the local district school and it was there I had acquired my knowledge of the, supposedly, essential three R's, to which was most fortunately added a little smattering of Latin, chemistry, physics, algebra, geometry, etc. Those higher branches were taught in

this village, or district school, in the building previously known as an Academy, and indeed long retaining that designation, so that at the very worst it was a very white lie that I told when I gave Pocahontas Academy as the Institution in which I had been educated and claimed as my "Alma Mater." *(See "Illinois in the Fifties" by the author).

Having completed the filling out of the blank I handed it back to Professor Douglas, who looked it over without comment and gave me seat numbers in the two amphitheaters, where the entire six-months of medical instruction was to be given.

This much accomplished, I was made to realize that I had crossed the threshold of one of the most important Departments of the great University of Michigan, then as now one of the most particular institutions in the country relative to the character and attainments of its students. But the reader must bear in mind that the above experience dates back to October 1866—in the Civil War Era.

If I remember correctly I became a full-fledged Medical Student on a Saturday, and as lectures were not to begin till the following Monday I spent some hours looking over the Medical College Building, which was a two-story structure with a large basement. There were double doors on the north and through these the students passed, and turning either to the right or left, found an enclosed, narrow stairway that led to the second floor, where was the lower amphitheater from whose rostrum were to be given lectures on Practice, Materia Medica, Obstetrics, Gynecology, Chemistry, etc. As I recall there were no chairs for the students, but long circular, and not uncomfortable, seats rising one above another in regular amphitheater style.

Next to two of the outside walls were narrow, enclosed stairways, that led from the rear of the lower

amphitheater to the one above. This was arranged very much like the one below, and in it the lectures on Surgery and those on Anatomy and Physiology were always given. For the anatomical lectures a cadaver was nearly always in evidence and was conveniently placed on a revolving table in the center of the rostrum. The few surgical operations that the contiguous rural population supplied were always performed in this, the upper amphitheater.

In each of the amphitheaters, if my memory serves me well, was a small projecting stage or platform facing the seats. This we were told was for the janitor to come out upon from time to time and make a record of such seats as were not occupied. As all the seats were numbered this was well calculated to keep "tab" on each student's attendance. But as matters turned out I never saw our monitor on either of these stages but once—a tribute, no doubt, to faithful attendance upon the part of the medical student body during the winter of 1866-7.

Opening out of each of the amphitheaters were the usual Professor's rooms and such other apartments as their needs called for. One large room in the building was devoted to anatomical preparations and pathological specimens. And here I saw for the first time, with not a little loathing, French preparations in wax, repreenting among other things the ravages of both the *big* and *small-pox*.

Not far from the Medical College Building was a one-story structure, medium in size, that housed the Chemical Department of the University of Michigan; and which was said to be the most complete in its way of anything in the country. Each medical student before graduation, was required to do a given amount of work in the Chemical Laboratory.

As noted before, the Medical College Building was located near the south-west corner of the Campus and

leading from it and extending in a diagonal course to a gate near the north-east corner, was a walk which I was destined to pass over not less than four times each lecture day. On each side of this walk was a row of trees, as yet mere saplings, and as the few college buildings were confined to the northern and southern limits of the Campus, I often, during the winter, found my way across what was little more, (or a little less) than a wind-swept area.*

Having thus matriculated, registered as a student in the Medical Department and looked over the several localities about which my winter's work would center, I imagine that I felt much as does the Man-of-War's Man, when the deck is cleared for action with the enemy in the offing. In other words, I believed I had gotten everything out of the way that could in any degree mar the measurably intelligent state of mind with which I hoped to begin attendance upon the forthcoming course of medical lectures.

The introductory lecture of the course was given by Professor Douglas of the Chair of Chemistry. I cannot recall any fact connected with this lecture save the kindling of the speaker's eyes when, with no little emphasis he referred to the fact that no less than 525 students had recorded their names in the Medical Department of the Universityof Michigan, which made it "The largest class that had ever been assembled on the American Continent." And will the reader believe it, to teach this more than one-half of a thousand young men there were just six full Professors, one Assistant Professor and one Demonstrator of Anatomy! Today it is a poor medical school, indeed, that has not a corps of at least one hundred professors and instructors! In fact, many of them have from one hundred and fifty to two hundred teachers of one kind and another. In the old days one

* Fifty years later I visited this same campus to find it literally studded with college buildings.—Author.

man would give instruction in two or more branches; today three or four men divide one branch between them.

Perhaps there is no place better than this to give the personnel of the medical faculty of the University of Michigan as it existed in 1866-7.

ABRAM SAGER, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children.

SILAS H. DOUGLAS, A. M., M. D., Professor of Pharmacology, Chemistry and Toxicology.

MOSES GUNN, A. M., M. D., Professor of Surgery.

ALONZO B. PALMER, A. M., M. D., Professor of Pathology, the Practice of Medicine and Hygiene.

CORDYDON L. FORD, A. M., M. D., Professor of Anatomy and Physiology.

SAMUEL G. ARMOR, A. M., M. D., Professor of Institutes of Medicine and Materia Medica.

ALBERT H. PRESCOTT, M. D., Assistant Professor of Chemistry and Lecturer on Organic Chemistry.

WILLIAM LEWITT, M. D., Demonstrator of Anatomy.

Six full-fledged Professors; one Assistant Professor, and one Assistant (or demonstrator), whose duty it was to demonstrate Anatomy! Such was the equipment of one of the highest-class and most up-to-date Medical Schools of sixty years ago.

Here a few facts relative to the personnel of our teachers at Ann Arbor may not be out of place.

Dr. Abram Sager, the first man on the list, was a very scholarly man, but if the truth must be told, an uninteresting lecturer. He was tall, slender, was always genteelly dressed, never in any particular violating the proprieties in word, deed or implication. In other words, he was a perfect gentleman, but seemed to live within himself and was not one who could get close to and become popular with the students.

Professor Douglas, who taught us most of our Chemistry, was a man of sturdy build, had very dark

complexion, coal black eyes, and the blackest of black hair. He was a forceful speaker and managed to make the usually dry subject of Chemistry, interesting. The revelations of the solar spectrum were then a new thing, and to these, Professor Douglas not unfrequently referred and always in an interesting and sometimes, striking manner.

Dr. Moses Gunn who taught us Surgery and upon Wednesday and Saturdays operated in the Amphitheater was a gifted man and most excellent teacher. He was a skillful operator and used the knife with a dexterity little short of a juggler. He was furthermore an ambidexter, that is could use the knife in either hand and was never happier than when performing the most difficult and complicated operation. The late Dr. J. B. Murphy, the famous Chicago surgeon, told me one day that Dr. Gunn was the most skillful operator he ever saw use the knife. In the lecture Amphitheater Dr. Gunn sometimes appeared a little pompous and autocratic, but socially he was one of the most agreeable gentlemen one could meet. Dr. Gunn always spoke to the point. However, one of his definitions was a possible exception and was as follows, "Pus is dead blastema." As it was before the era of the germ theory of disease, it is no reflection on the intelligence of the profession of that day to say that no one knew the true nature of pus and Dr. Gunn's definition was in no sense enlightening. Blastema is defined to be formative or embryonic tissue, and why Dr. Gunn should have regarded this when in a lifeless condition as the sole and only source, or rather the very essence, of pus is hard to understand.

Dr. Alonzo B. Palmer was in the prime of mature manhood and always came in the Amphitheater immaculately dressed. In the delivery of his lectures he had a very earnest manner and seemed especially well versed in Practice and Pathology. During the course there

never failed to be an annual tilt over Dr. Gunn's definition of pus. Dr. Palmer would severely criticize this and in its place offer a definition of his own, but this was so diffuse that it was lost on most of the students; while Dr. Gunn's, "Pus is dead blastema," to say the least, had the merit of conciseness.

Dr. Corydon L. Ford who taught us our Anatomy and Physiology was in a class by himself. He could pick up a dry bone and in three minutes have hundreds of wide-eyed, open-mouther hearers intently attentive lest they would miss a word, such was his power over an audience. Dr. Ford had the happy faculty of telling just enough about the subject he had in hand to interest and fix the attention of his listeners. His admirers claimed for him the distinction of being the best lecturer on Anatomy in the world, and so far as I know, no one ever came forward to dispute the claim. When a child, Dr. Ford had been the victim of hip-joint disease and this left him with one leg shorter than the other, consequently he wore a very high-heeled shoe and used a cane in walking. In delivering his lecture he would grow weary of standing, and to rest his tired limb he would frequently lean against, or even sit on, the edge of the table that always stood in the center of the arena. At the best he invariably came in the lecture room limping and leaning heavily on his cane. But so fond were the students of him that his very infirmities came to be almost admired. He moreover, had the profound respect of all and no one would dare take any liberties with him. It was the custom to hand down questions and some of these were at times the reverse of respectful, but none of this class were ever put in Dr. Ford's hands to be answered by him. All his time was devoted to lecturing and besides Ann Arbor he delivered each year, a course at Long Island, N. Y. and one at Berkshire College, Vermont.

In describing a muscle, nerve, blood vessel or other part of the cadaver, he would place the handle of his scalpel on the object he would desire us to see, and then turning to his listeners and scanning them closely he would pronounce the words, *"Knife on it."*

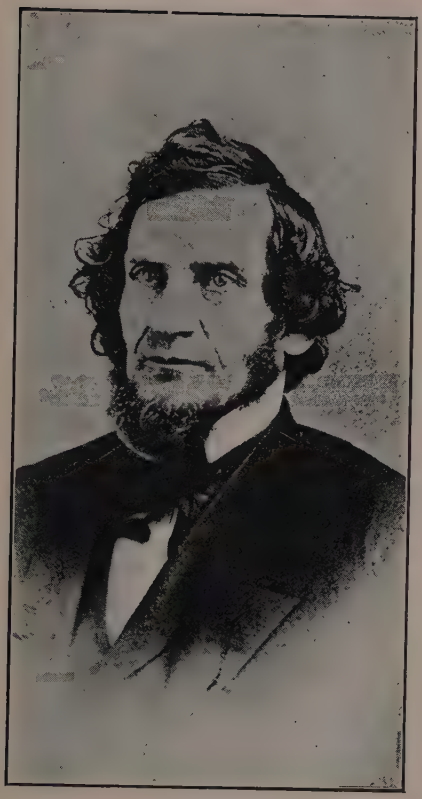
Once while Dr. Ford was lecturing there was some kind of a noise from somewhere among the students in the Amphitheater; the speaker instantly stopped and such a look as he cast in the direction from which it came, with his steel-gray eyes I shall never forget. Instantly there was silence that was almost painful and you could have almost heard the fall of a pin.

Dr. Samuel G. Armor, Professor of Institutes of Medicine and Materia Medica, was of the intellectual type. He was tall, finely formed, had a high forehead and was dignified in manner and made the impression of being one of Nature's Noblemen. He furthermore, had a fine voice, spoke with deliberation, always had his subject well in hand and never failed to be listened to attentively. Dr. Armor had the literary instinct and sometimes deftly sandwiched in some bright saying or apt expression outside the usually dry and matter-of-fact medical field. Moreover, on occasions he could wax eloquent on his own account. Once when I knew his next topic would be Stramonium, I luckily found a dried seed-pod of the plant (commonly known as Jimson weed) and this I placed on the table by the side of which Dr. Armor stood while lecturing. Coming in to the Amphitheater a little later his eyes sparkled as he noticed the simple specimen. His lecture had not proceeded far when in kindly voice he said, "Some gentleman has most obligingly furnished us a specimen of the seed-pod of the plant we are considering today." Simple and common-place as was the whole proceeding it served to show that he was a true gentleman at heart and furthermore that he had been country-raised.

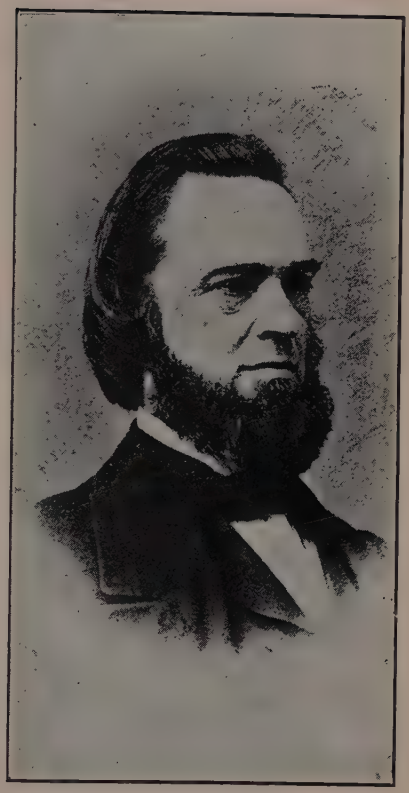
Dr. Albert H. Prescott, Assistant Professor of Chemistry and Lecturer on Organic Chemistry was then quite a young man, but was considered very promising. Organic Chemistry in that period was a relatively new science. Dr. Prescott was a lame man and always walked with a crutch under one arm.

Dr. William Lewitt, Demonstrator of Anatomy, was a suave gentleman, medium in stature always dressed in a neat business suit, and was at all times helpful and obliging to students.

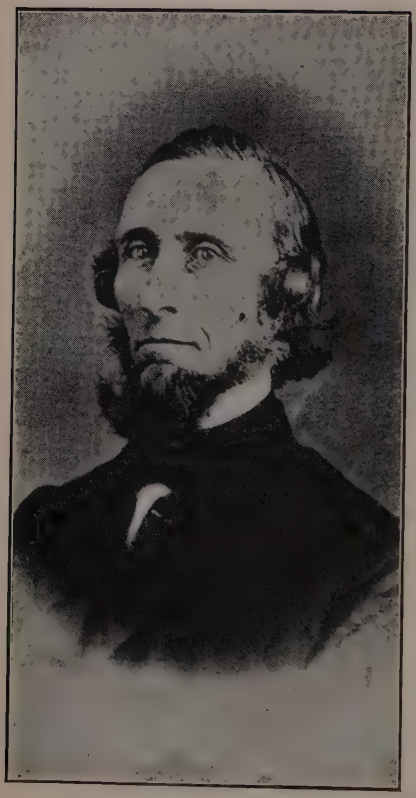
So much for the faculty of one of the most progressive and up-to-date medical schools of sixty years ago. Six full-fledged professors and two assistants! Today, as observed before, a second-rate medical school number its teachers and instructors in scores and scores—nay in hundreds.



Corydon L. Ford



Samuel G. Armor



Abram Sager

Alonzo B. Palmer

III

SOME PEOPLE AND SOME THINGS

Beyond the poet's sweetest dream,
Lives the eternal epic of the man.
Selected.

MY new boarding place was in a gothic cottage, one and one-half stories in height, painted yellow, surrounded with large grounds and located well back from the street. Its occupants and owners were Dr. P. and his wife—the former a real gentleman; the latter a real lady.

A not-very-well lighted and winding stairway led to the room, which was destined to be my home during my stay in Michigan and which was already occupied by one, who was about to become my room-mate, no less than my classmate in the medical college. My first view of this young man did not leave a good impression. He was tall, raw-boned, brusk in manner, plain, and almost slovenly in dress and unattractive in bearing and manner generally. But I soon discovered him to be a real diamond in the rough, thoughtful, deliberate and possessed of a large stock of mother-wit. Somewhere in the woods of Michigan he had taught school, and after I had known him for a while I felt confident that he knew what he was teaching and why he was teaching it. The name of my room-mate, during the winter of 1866-7, was Tyler Hull, and since that day in March, 1867, when we parted company we have not met, but I can but think that somewhere and somehow he has "made good." Later I learned that in mature life he represented his State in the legislature where I feel sure his unswerving devotion to right, and his good sense and sound judgment, could

not fail to make him a useful, though the farthest possible from a showy, member.

My landlord, Dr. P. in addition to being a graduate in medicine, was a classical scholar, widely read and an all-around man of culture. He was, moreover, fair-minded—a true specimen of that *rara avis,* a just man, and finally, he was kindly disposed to everyone,—to the common man no less than to his more exalted neighbor.

Dr. P.'s wife, my landlady, was what might be called something of a "blue-stocking," for she was one of the most constant readers I have ever known, and, for the most part, of fiction of the highest class. However, she did not allow her devotion to good authors to, in any way, interfere with her domestic duties, for she was a good housekeeper and managed her household with industry and ability. She was a loyal member of the Episcopal church and sometimes she invited me to accompany her to services—an invitation I was always glad to accept, for I realized my need of coming in touch with real ladies of her kind. Indeed, acceptance of these occasional invitations, to which, doubtless, Mrs. P. gave only a passing thought, were real opportunities to me, an awkward, callow youth.

Unfortunately for her comfort, my much respected landlady was, upon occasions, the victim of very severe attacks of asthma of a type resembling what we today call hay-fever. One day when I stepped in the dining-room I found Mrs. P. with red, watery eyes and sneezing violently. In a few minutes her husband came in the room and she at once accosted him by saying, "O George! Why did you have that ipecac in this room when you know it brings on my asthma?" Her husband looking guilty, confessed that he had in the adjoining room, dispensed a little, a very little, ipecac.

Later Dr. P. told me that his wife was the possessor of an *idiosyncrasy,* which rendered her liable to an at-

tack after inhaling the most minute ipecac emanations. However, this *one* time she was out of the house and he had very unwisely, as it turned out, ventured on putting out for a patient, three or four very small powders of ipecac in the house, but so marvelously susceptible was his wife to this drug that she at once began to sneeze violently, and water ran profusely from her nose and eyes. In a word, the very minute particles of ipecac that escaped from the powdered drug into the atmosphere when inhaled by Mrs. P., at once produced all the symptoms of acute coryza with added difficulty of breathing.

Assisting Mrs. P. in her household was a young woman who had a temporary home in the family and attended the Ann Arbor High School. Miss Sarah, for that was her first name, was a plain, sensible, modest appearing girl, who had very little to say, and my acquaintance with her went little beyond the opportunity of meeting her, afforded at meals. Although twenty-three years of age, practically the whole of my association up to this time with the opposite sex had been confined to my sisters and cousins, and what may seem strange to the reader, I had never so much as asked a young woman for her company. However, there were good reasons for this: in my nineteenth year I joined the army in which I remained three years and the year following—the one previous to my coming to Ann Arbor—I had, so to speak, gone from "pillar to post." Hence, my dearth of experience with the fair sex. Socially I was much worse than an unbroken colt—I was as a full grown-workhorse across whose back the harness had not so much as been thrown.

Well, one day it dawned on me that the time had come for me to make a little effort to remedy this defect —this hiatus—so to speak—in my social education. And to make a start, a real, concrete start, who could be of

more material aid than Miss Sarah? Here was an opportunity—a genuine, tangible opportunity. One day I learned that there was to be a college function of some kind in the evening, so with no little effort, I managed to muster up the courage needed to ask Miss Sarah for her company to this. She very sanely and sensibly gave her consent and when the time to go came, I went down in the sitting room with my shawl, (men wore heavy grey shawls in that day), hat and gloves in my hands. Very soon Miss Sarah came in, having on her cloak and hat and I stepped to her side and when we reached the door in opening this, I glanced back and detected a very broad smile on Mrs. P.'s face, induced no doubt by my untrained and awkward attempts at gallantry.

Well, when we got out of the door, I poked my elbow in the direction of Miss Sarah and she timidly took my arm and we walked to the place of meeting and this over, she a little less timidly again took my arm and I, perhaps a little less awkwardly, did my part as her escort. Trivial and simple as was this evening's experiences after it was over, I felt the wiser and better for having attempted it.

What was Miss Sarah's history subsequent to that winter I know not. She was a steady young woman and with her hair combed down over her face, as was then the fashion, and in a green and black plaid dress, in which she usually appeared, she certainly had a wholesome, if not comely look. I can but hope some worthy man found in her a good wife and that she is mayhap, at this time, a well-cared for and happy grandmother.

So much for the personnel of my boarding place! But to this house as a not unfrequent visitor came the identical young man who first recommended it to me and who among his friends was familiarly known as Joe Steer—later Professor Joseph B. Steer, the well known naturalist and collector.

One day I was stricken with a hard chill and was in my room up stairs in bed. Meantime Joe Steer happened to come in and Mrs. P. thinking maybe he could be of some comfort to me, suggested that he come up to my room. In truth, I wanted anything but company, and when the proposed visitor knocked at my door, I fear the voice with which I said, "come in," was anything but gracious. As he stepped in the room, I noticed that young Steer had in his hands a copy of the *Atlantic Monthly* and after sitting a short time he proposed to read me a story. To this, I reluctantly consented, though when its strange title, namely, "The Man Who Stole a Meeting-house" was announced, I began to feel a little interest. The story, was from the pen of the popular author J. T. Trowbridge, and proved to be a good one and when it was finished I felt much better and warmly thanked my visitor for both his visit and story.

Speaking of chills and fever, I will here state that during this fall and winter at Ann Arbor and in the spring following, I had a number of attacks of malarial fever which I succeeded in breaking up temporarily with quinine, but which returned every few weeks. These attacks were the sequelae of my severe malarial troubles in the late summer and early fall of 1866, while on the farm, when doubtless the *plasmodium malaria* entered my system and for long months ensconsed itself there in relative safety, though at that time no one knew of its identity. In other words, this organism, had yet to be discovered by the scientist. These malarial attacks were in no small degree discouraging for they caused me to miss a number of lectures.

Perhaps a brief reference to the day's routine may interest the reader. We had every day six lectures, each an hour in duration. These began at 9 A. M. and at noontime there was an intermission of two hours; and beginning at 2 P. M. three more were given.

My boarding place was about eight blocks from the college campus and the walk to and from lectures afforded at least some exercise. During the months of October and November these walks were especially pleasant, but sometimes in the winter months the cold was piercing. When the latter was the case we wrapped our shawls about us the closer and walked the faster.

About November first the students got the "tip" that a little later the dissecting rooms would be opened and at our service, consequently, most of us were for some little time on the "tip-toe" of expectation, so to speak. Meanwhile, we noticed that dray-load after dray-load of pork barrels were brought from the railway station and unloaded in the basement of the medical college building. At last one raw, frosty morning the dissecting rooms were opened, the heads of the "pork-barrel" knocked in, revealing in each one opened, a *subject* doubled up in such a manner as to leave the breech uppermost. When a sufficient number of subjects had been removed to make an elevator load these were hoisted to the third floor, where the janitor and an assistant, each supplied with a huge pair of tongs, grasped the cadaver by the head and heels respectively, carried it through the nearby dissecting room door, and beside one of the tables upon which it was uncermoniously landed by a simultaneous swinging movement of the great tongs in the hands of the two strong men. Scores of "pork-barrels" disgorged their contents, scores of cadavers, or "stiffs," as the students called them, were hoisted to the third story, and placed upon scores of dissecting tables about which a little later, scores of "medics" in their long aprons and with knives, scissors and forceps, gathered and began the study of human anatomy at first hand, as it were.

Dr. Lewitt was the Demonstrator of Anatomy and before we were given the privileges of the dissecting

room we had to go to his office and procure a ticket for which we paid ten dollars. Later we all met Dr. Lewitt in the dissecting room and he at all times proved to be an obliging gentleman, and ready and willing to help us in our anatomical work.

At this period the dissecting rooms at Ann Arbor were said to be the largest and in many particulars, the best fitted and supplied of any in America. The only railway at Ann Arbor was the Michigan Central and upon this the cadavers all came to Ann Arbor after having the legs flexed upon the trunk and put in pork barrels with the head and extremities in the bottom. Next the top of the barrel was securely nailed in place and kept there by tightly driven hoops; and finally each container with its contents, thus carefully secured, was addressed to "John Smith, U. of M., Ann Arbor, Michigan." Substantially all the cadavers came from near-by large cities, such as Chicago, Detroit, etc. In that period there were no anatomical laws like those we have today, permitting the unclaimed bodies of those who died in hospitals and other public institutions to be used for anatomical purposes. Where the bodies came from which were directed to "John Smith," and how they were procured, was an unanswered query to all of us students, and a sort of *state secret* known only to the *elect*. However, come from whence they might, it was clearly apparent that some of them came from the higher walks of life. Compared with subjects I later saw in other medical schools, those at Ann Arbor presented an unusual number in good flesh, and evidently not wasted by disease. I recall that when a certain subject was brought in and put on the dissecting table, a student of the loud-mouthed class, called out, "Say, that fellow looks like he was killed last night"—and really all appearances pointed to the fact of a very recent death. One could not help being struck with some of the bodies on

the dissecting tables—those of noble looking men and beautiful women. Some of the former had high foreheads and fine, manly features; and some of the latter beautiful and almost classic faces and shapely heads from which extended a luxuriant growth of hair. Of course there were some cadavers thin and badly wasted and some with their lungs stuffed with tubercles, but the last named were dissected and handled with no precautions whatever, as no one in that day so much as thought of the communicability of tuberculosis. Thus the dissecting room presented a study to the more observing and upon its tables were representatives of all ages, all classes, all colors, all conditions. Some old and wasted by senility, some in youth, some evidently from the higher walks of life, some black, some yellow, some so thin that they were but skeletons, and some so robust that it required little effort to imagine them alive yesterday, and about the streets in all the joy, pride and vigor of life.

Any reference to the Medical College at Ann Arbor in the long ago that does not take note of Neglie, the always faithful janitor, would certainly be lacking in one most interesting character. If I am not mistaken, he was a Scotchman and although uneducated, yet he was well versed in anatomy and could call the technical names of substantially all the muscles, nerves, vessels, bones and viscera. Many times we tested him and I recall my wonder at his uniformally correct answers. Neglie is long since dead, and I can but wish that his bones are somewhere safe *above* ground.

My room-mate, he of the six-feet stature, of the sturdy build and robust character, seemingly of the make-up to face the furies and withstand almost any sort of terror, *wilted* soon after his first visit to the dissecting room and for two days had little or no appetite at the table and for two or three nights, was wakeful and had bad dreams. Finally, however, he managed to over-

come all repugnance and industriously and faithfully did his "bit" in the dissecting room.

As for myself I had no trouble of this kind whatever. My three years' service in the Civil War and hospital experience had made me familiar with death in many forms and likewise with mangled humanity in many varieties and in consequence I had become hardened to the most gruesome sights.

Fifty-nine years ago the University of Michigan had no college hall worthy of the name and consequently all meetings of any size were held in the body of a new Methodist Church near the campus. By the way, 1866 was the one hundredth anniversary of Methodism in this country and that denomination celebrated it as such and called it their *centennial* year. The word "centennial" at that time was new and to most ears sounded strangely.

In the above-named church were given the various (lay) lectures in the college course. And here let me say that in that period the American lecture platform was much more appreciated and relatively much better attended than today. Indeed, it is not too much to say that the lecture platform was then in flower and there appeared upon it such leading lights as Henry Ward Beecher, Wendell Phillips, Frederick Douglas, Horace Greeley, John B. Gough, Anna Dickenson, Theodore Tilton, etc.

As I was compelled to practice the most rigid economy, I could only purchase tickets to two lectures in the course and after due consideration, selected Wendell Phillips and Horace Greeley; Wendell Phillips was billed to speak on the "Lost Arts," but when he came on the platform asked to change his topic to "Reconstruction," then a burning question in the public mind. To not a few in the audience the change of topic was a disappointment as the one chosen had become worn and threadbare in the public prints. Wendell Phillips' appearance on

the rostrum was ideal. He was in the prime of manhood, of medium stature, erect, manly and dignified in bearing; his every movement graceful, his voice full and sonorous, each word uttered was the best that could be chosen, and finally, his features were classical.

Horace Greeley's appearance on the platform was, in many particulars, in sharp contrast to that of Wendell Phillips. His hair and beard were white, his skin red as a babe's; he lacked grace and his voice was piping. Indeed, his whole attitude and make-up was as far as possible from one's ideal of an orator. Yet, he commanded a full house *because he was Horace Greeley*. People went to *see*, rather than to *hear* him, much as they would go to see a Royal Bengal tiger or a monster elephant. Much to my disappointment, Greeley's topic was *Reconstruction!*

In that particular time the Southern States that had seceded were getting back in the Union and just how this should be accomplished was a most important question and was referred to under the general title of *Reconstruction*. Andrew Johnson was President and had the misfortune to differ with the majority of the members of the National House and Senate as to how this should be accomplished. More unfortunately still, he was lacking woefully in tact in all he undertook. The result was a serious breech between the National Executive and Legislative branches of the Government.

One of the noted public characters of the time was General Benjamin F. Butler, who represented a Massachusetts district in Congress. One day it was learned that General Butler was to pass through Ann Arbor on the train which would stop long enough for a short talk from its famous passenger, consequently the students in hundreds went down to the railway station and waited patiently. In due time the train pulled in and General Butler with his well-known distorted countenance, ap-

[illegible] of the [illegible] of the [illegible], and made a [illegible] in which Madame Tussaud was usually located.

One day, M. [illegible] Bagnis (or Bonaparte) of the Treasury came to the establishment, accompanied by Theroigne Méricourt, who had become the night before. Le Gros was just [illegible] the case of a lecture on Egyptian and among other things, spoke of Egyptian of the kings of the gods and which is same in the [illegible] of the people, he said: "Gentlemen, do that thing which is always the [illegible] thing for [illegible] to do—do nothing!"

When Le Gros had done there was an [illegible] call for Theroigne Méricourt, who in response to [illegible] and [illegible] had an ordinary [illegible] like a gipsy for he was full six feet [illegible] in height. When he had [illegible] a moment he said: "Gentlemen, I am glad to have the privilege of knocking in your [illegible] and was interested in what Le Gros had to say and more especially by his telling you that when there was nothing to do, to do nothing. I shall guide by his suggestion for having nothing to do I will just say nothing." With this she [illegible] the [illegible] of her [illegible] and [illegible] a [illegible] in her [illegible] "[illegible] a [illegible]."

IV.

A FEW CHICAGO MEDICAL CRUMBS PICKED UP IN 1867

We take the arms that Heaven supplies,
With life's long battle with disease.
Shakespeare.

AT the close of the winter term of lectures at Ann Arbor in the spring of 1867 I took the cars for Chicago where I had decided to spend at least a part of the coming summer in browsing around and getting such knowledge of medicine as opportunity would offer. At this period there were but two medical schools in that city, Rush Medical College, established in 1843 and Chicago Medical College which had its beginning in the late fifties. After due enquiry I decided to attend the summer session of the last named institution. Having procured a room, and board on South State Street, I had but fairly got down to my studies when my old enemy, chills and fever, attacked me again. However I soon recovered, and this time permanently. While I was in bed with this attack a young man was shown in my room whose face seemed familiar. He introduced himself by saying he had been told that I was an Ann Arbor student, who had come to Chicago to attend a summer session, and as he had also attended the course of lectures just closed at Michigan University, he had called to see what I could tell him about the opportunities for medical study in the city during the coming summer. While the young man's features were not wholly strange to me yet the size of the class at Ann Arbor made it impossible to make the personal acquaintance of all its members. He was about twenty-three years of

age and plainly dressed; his people lived in northern Illinois and his name was Norman Bridge. I very soon became impressed with the fact that my caller was clear headed, knew what he desired to accomplish and was thoroughly competent to "size up the situation," as the phrase goes. I told him what little I had found out relative to the possibilities of learning something of medicine in Chicago during the vacation period. He listened intently to all I had to say and before our interview ended made me detail every lecture and clinic I had attended, and further than this, got from me so far as I was able, to give them the strong and weak points in every medical teacher I had been in contact with since coming to the city.

Before leaving my room, my visitor decided to join me in attendance upon the summer session of the Chicago Medical College for 1867; meanwhile he revealed enough of his circumstances and characteristics to convince me that, in common with myself, he, like the much quoted boy in the novel, was "poor but honest." This common state of depleted pocket-books, a day or two later, caused us to canvass the situation pretty thoroughly in an effort to get as cheap living as could be found, and that at the same time, would be compatible with tolerable comfort.

In this canvass we soon enlisted a fellow-student by the name of Spohner, and among other places we tried was a boarding house on south State Street, patronized mainly by mechanics all of whom had just been engaged in a strike for better conditions and better wages and which they lost, much to their regret and likewise, ours, for we were in full sympathy with them, for in no small degree we were working men, were in fact from farms.

At another time we got our meals at a boarding house further down on State Street, and kept by a man who had a number of buxom daughters, who did the

cooking, served as waiters and were all especially attentive to our wants. The fact that we were all young, single men may not have been the cause of our receiving exceptional attention, but we were conceited enough to think so. A little later we found a fourth fellow-student, who turned out to be the exact "fellow" we were looking for, to use a somewhat slangy phrase. During the previous winter this young man's mother and sister had kept house for him while he attended the course of lectures given at the Chicago Medical College. Very recently they left the city, leaving their brother in two rooms in the rear of a grocery store on south State street with the furniture, which consisted of a cook-stove and utensils, a dining table, dishes, two beds, chairs and a piano! We very soon came to terms with this fourth young man, by we three, parties of the first part, agreeing to pay three-fourths of the room rent; and he, party of the second part, stipulating to pay the remaining fourth of accruing rent and to in addition, allow the beds, stove, cooking utensils, tables, chairs and piano to be used as common property. This fourth young man who was *so fortunate* as to secure our company and whose name was Morgan, had a number of accomplishments. He was a good cook, a skillful dishwasher, could make a bed and sweep a room like a woman, broil a beef steak and make edible biscuits, fry "flap-jacks," and finally played well on the piano! He was, furthermore, a good student, had excellent common sense and was several years older than Bridge and myself. His subsequent history, after our summer's rooming together is a a blank page to me, and whether dead or alive I cannot say. If alive I here record a tender of my greetings. If dead, I would that I could place a wreath upon his grave.

Very soon after we began living in our new quarters the original proprietor of the rooms, demonstrated his fitness for the position of "boss-cook," and consequently

the rest of us were compelled to show our willingness to be useful mainly by taking turns at washing dishes. Whatever may have been our difference relative to other matters, we were a unit when it came to making an effort to live economically. Not far from our rooms there was at that time a slaughter house, and this we frequently visited to get fresh liver that was given us and, which our cook fried so nicely that we not only had it for breakfast, but for dinner as well. We discovered that buck-wheat cakes were both toothsome and economical. On the whole we got along nicely and soon settled down to a sort of happy family. Indeed, I recall but one instance of discord; I use the word *discord* advisedly and following is how it came about: As stated above the original occupant of the rooms in addition to his many other accomplishments, played passably well on the piano and one Sunday afternoon it came in our heads to have a vocal quartet. In carrying out this program, Bridge, to my ear, made a discord and I at once accused him of the transgression. To this he pleaded innocence and I promptly renewed the charge. He pleaded innocence a second time, and I now reiterated the charge in language, which I fear was much more forcible than kind. As Bridge scarcely knew one note from another, and as I knew less, the matter of discord was not settled then, and remains unsettled to this day. Naturally he did not enjoy my harsh criticisms, but said nothing. Meanwhile, I was too proud to then or later make such apology as was certainly due from me.*

One of the first lectures I remember listening to, during this summer course was one by Dr. J. S. Jewell, on the ethmoid bone, a notoriously complex and much complicated subject, but the lecturer's prolixity, tediousness and emphasis of unimportant details were in striking contrast to Professor Ford's grasp of essentials, so

*Dr. Bridge died January 7, 1925.

unmistakably demonstrated in his lectures on anatomy and physiology, which I had listened to with such satisfaction during the previous winter at Ann Arbor. Among others who gave us didactic or clinical lectures, I recall the names of Drs. N. S. Davis, Hollister, Roller, Nelson, Hosmer A. Johnson, Edmund Andrews, Bogue, Holmes, Sherman, etc. Some of the clinical lectures were given at the Mercy Hospital and some at the Cook County, then a very crude frame affair with dilapidated surroundings and situated not a very great distance from what is today the business center of Chicago. And this leads me to say that the Chicago of that period, while containing perhaps two hundred thousand inhabitants was but a great struggling and vilely, filthy village. Many of the principal streets were unpaved and save in the important business and better residence districts, the sidewalks were of boards laid upon varying grades, so that the wayfarer had now to climb a flight of steps and then to go down a run of stairs. In front of the principal business blocks were long rows of telegraph poles, and overhead a perfect tangle of wires. The only means of transit were the omnibus and horsecar. Perhaps I should qualify this last statement for upon the street-car lines in the outlying districts one or more small, specially constructed steam locomotives, called "dummies," with a good deal of smoke, cinders and puffing, carried passengers to their destinations with due celerity. I remember that upon one occasion the four of us who were rooming together, took a day off and behind one of these "dummies," rode out across a long sweep of prairie to visit the Chicago Stock Yards.

When speaking of our culinary experiences and various foragings for clean food during this summer I neglected to state that as spring opened up we decided that a fish diet might, perhaps, conduce to our mental aptness, and, provided it could be procured from the

lake, at the same time shield our already greatly atrophied pocket-books. Accordingly, we provided ourselves with hooks, lines and poles, procured what we supposed was the proper bait to lure within the limits of possible capture, the finny denizens of Lake Michigan. Thus prepared, we four, time and again went to the margin of the lake that borders South Chicago, seated ourselves on the pier, cast our well baited hooks in the water and patiently waited for the fish to bite, but never, so far as I can remember, did one of us get so much as a nibble. When passing the lake-front on the Illinois Central railroad I never look out upon the water's edge that I do not think of the times when seated by my side, Dr. Norman Bridge was for the time another Izaak Walton.

But all this is wandering, and it is time I told something of what our instructors put before us during the summer course of 1867. First and foremost among our clinical teachers was Dr. N. S. Davis, then aged fifty and in the very prime of mature manhood, and in the very zenith of his reputation. He was a little below the average in stature, always immaculate in dress when he came to the Mercy Hospital, and invariably wore a high, silk hat and a black, claw-hammer coat. At all times he was the very personification of the dignified, self-respecting gentleman. His manner was serious, his lectures were delivered in clear, well-chosen words and he never so much as hazarded a hint of anything that by the most liberal construction could be interpreted as a joke. So far as regards attainments, Dr. Davis at this period was popularly supposed to have at his tongue's end a knowledge of the whole field of medicine. I have seen it asserted that if in any given day in the course, the first lecturer for any reason failed to appear, Dr. Davis could upon a moment's warning take the absentee's place and fill it acceptably; then, if the second lecturer should likewise fail, he also could fill that hour and acquit himself creditably, and so on through all

the chairs for the day. Of course, the whole case is hypothetical, but it shows the way Dr. Davis was regarded in those days. I think the last clinical lecture he gave us that summer was on conjunctivits.

On much the same plane as Dr. Davis, but differing from him and belonging to what for want of a fitter term, may be called the robust type, was Dr. Edmund Andrews, a well trained scholar, and a good surgeon who gave us didactic and clinical lectures and operated before us. Dr. Andrews had a sturdy, robust frame, a large head and at this time he was in the prime of mature manhood. While he could not be classed as an attractive speaker, nevertheless there was so much thought in what he had to say that he never failed to win and hold the attention of his listeners. Unlike Dr. Davis he was frequently humorous and at such times his eyes sparkled and his features lighted up with animation.

Another lecturer for whom I came to have great respect was Dr. Bevan, the father I think of Dr. Arthur D. Bevan, Professor of Surgery in Rush Medical College. One day we followed Dr. Bevan through Cook County Hospital and were taken to the bedside of an Irish patient. The sick man was put through a series of rigid questioning and cross-questioning in an endeavor to bring out the fact that he had recently been in a drunken brawl and received the punishment which resulted in a number of dark spots that at this time could be seen on his body. But to all of Dr. Bevan's pointed questions the patient stoutly answered that at all times he had been sober and peacefully engaged. Failing to get from the man any concessions relative to shortcomings, Dr. Bevan turned to us and said, "To me it is very evident this man is lying; he has certainly been where the game was, 'see a head and hit it'! Those spots on his body are the result, they are bruises." A day or two later was the time for

another lecture from Dr. Bevan, but before beginning this he took us to the bedside of the Irishman and frankly confessed he had made a mistake in this man's case. "I was wrong," said he, "these spots on the patient's body are not of traumatic origin, they are the results of scurvy from an attack of which he is a sufferer." Those of us who heard Dr. Bevan learned a valuable lesson. To begin with, we discovered that well informed men were not infallible, then we had some of the symptoms of scurvy impressed on our minds and in a manner we certainly should never forget.

The surgery of this period was really the surgery of the Civil War era, indeed, scarce two years had elapsed since that great strife had come to end and in the most literal sense many of its wounds were yet unhealed. In a brick house very near Douglas Place was what was known as the Soldier's Home, a sort of hospital for some of those who were yet suffering from wounds and diseases acquired in Civil War service. At this place we sometimes attended surgical clinics. I can not recall any important operation performed during this course, though there were doubtless some. At times some of us were called upon to assist in operating and this we did without any precautionary preparations whatsoever. The trained nurse was unheard of, the only female nurses seen were the Sisters of Charity, and the men-nurses found in most of the hospitals were greatly lacking in knowledge, skill and tenderness. So called "laudable pus" flowed from all open wounds, its presence was expected and, in a degree at least, encouraged. In most instances before an operation the hands of the surgeon and his instruments were washed in a sort of perfunctory manner but not with systematic effort at thoroughness. Speaking of surgery reminds me that Dr. Andrews at this time had a partner by the name of Sherman who occasionally gave us a lecture and sometimes oper-

ated before us. He was considered very promising, but lost his health and died early in life.

Dr. Daniel T. Nelson gave us some instruction that at that time seemed little short of ultra-scientific on the then new science of histology which I think he had but recently received fresh from the lips of Dr. Oliver Wendell Holmes at that period in the zenith of his remarkable double career of Professor of Anatomy in the Medical Department of Harvard, and brilliant writer in the world of letters.

Last, but by no means least, was Dr. William H. Byford who had just achieved wide fame by the publication of his popular work on Diseases of Females, and who gave us didactic teaching at the college and clinical instruction at Mercy Hospital. At this time he was in the prime and vigor of manhood, was a modest unassuming gentleman, but as a talker was sometimes difficult to follow.

Speaking of the publication of Dr. Byford's work on Females, I think this was about the only medical book put out by a Chicago physician in all that period.

Perhaps I ought not to close this chapter without recording a dim, shadowy recollection I received in the early spring months of a fellow-student, clad in a long, heavy overcoat and wearing a rather high, peaked hat, and who, furthermore, was small in stature and rather quiet in manner. I never think of this student in his long overcoat that I do not recall one of President Lincoln's stories. One cold winter day a man called at the White House, heavily wrapt in a long comforter and wearing a long heavy overcoat. Before being seated he slowly unwound the comforter round after round, and next with deliberation removed his great coat. Of the whole proceeding, through an open door, Lincoln was an interested spectator and at its conclusion, his eyes sparkled as he said, "What a little nubbin for so much shucks!"

Well, the particular "nubbin" I saw inside the long overcoat and under the peaked hat later developed into one of Chicago's most distinguished internists and a gifted writer and speaker as well—Dr. Wm. E. Quine.

Like all medical students, we sometimes discussed our plans for the future and in this connection I recall that Bridge one day said he was going to make use of a pair of mules for a driving team when he got ready to enter upon the practice of medicine. We were surprised at this and upon asking his reasons he answered that on the farm he had seen mules tried-out and had become satisfied of their hardihood and other desirable qualities. I recall a mental picture that came into my mind at this time, which was made up of a buggy, in which Bridge was seated with a medicine case at his feet, a pair of strong lines in one hand, whip in the other, which was being judiciously applied to the backs and sides of a pair of brown mules, faithfully tugging up a long, steep hill with the heavy load that man and vehicle made behind them. I think it is safe to say that nothing like this mental picture ever materialized.

In due time our "quartet" broke up for the compelling reason that Morgan had to leave the city and take with him his furniture. Spohner and I got a boarding-house elsewhere and Bridge got a place in the office of Drs. Andrews and Sherman, and one day when I called on him he said he had decided, when he had finished his education, to locate in Chicago. At the time, this seemed almost foolhardy in the way of an undertaking, but that Bridge has "made good," and that in the fullest sense, all his friends are willing to testify, should the need arise. In his later years, Dr. Bridge acquired much wealth and gave liberally to certain worthy institutions and causes. That he reached a high place in his profession need hardly be said. He also excelled as a writer and has to his credit several volumes.

I spoke above of Dr. Jewell's prolixity. This followed him all through life and must have not infrequently proved something of a handicap, but on one occasion at least seemed to have benefited him as the following will show. However, before reaching the kernel of my story it may prove interesting to relate all the facts connected with it as given me from the lips of Dr. H. C. Mitchell of Carbondale, Illinois. I quote from memory:

In the mid-fifties of the last century a very poor Southern Illinois boy entered the office of the older Dr. Mitchell as his student. In due time by rigid economy and hard work the young student had saved enough money to enable him to go to Chicago and enter one of its Medical Schools. His first appearance in the amphitheater was that of a very shabbily dressed and in every way awkward and ungainly young man. Hence it followed that the dudes in the class,—that little brainless coterie that have infested every medical school since the time of Galen—the dudes in the class, I started out to say, turned up their noses at the poorly dressed ungainly youth from Southern Illinois, and sought to make his life miserable by every means of teasing and tormenting that could be devised, but the object of their derision paid no attention to anything but his studies and at the end of the first course of lectures was contented to be the best posted junior in the class.

During the next course of lectures he outstripped everyone and finally graduated so far ahead of his fellows that he had all but caught up with most of his instructors. This brilliant young graduate was none other than the was-to-be world-famous Dr. J. S. Jewell.

Dr. Jewell located in Chicago soon after graduation and entered upon the great medical career he was destined to fill. Time ran its course and meanwhile Dr. Jewell's preceptor at Carbondale had a son who became a medical student and the father naturally became

desirous that his son should have advantages better than he had enjoyed; and fired with this ambition what more natural that he should ask his erstwhile student, Dr. Jewell to take his son in his office as student and what more natural than that Dr. Jewell should take delight in obliging his old preceptor, the older Dr. Mitchell of Southern Illinois? Not content with putting at the services of young Mitchell all the opportunities his office afforded Dr. Jewell succeeded in getting his student in the consultation rooms of Dr. N. S. Davis two days in each week.

At this time Dr. Davis was in the zenith of a nation-wide reputation, in more senses than one he was the medical autocrat of Chicago and the whole northwest and patients flocked to his consultation rooms from all over the country. Among those who one day came to consult Dr. Davis was a young man from the far South,—from Atlanta, Georgia, if I remember correctly. This young man had two things that do not always reach the doctor's office on and about the individual patient, namely, a reasonable stock of ill-health and a long and well-filled purse. He was a typical Southerner and as such was frank, free-hearted and disposed to be helpful.

Upon entering Dr. Davis' consultation room and introducing himself he said, "Doctah, you'll pahden me suh, but before you examine me it is my desiah to explain my case."

"Never mind, never mind," said Dr. Davis, "that will all come out at my examination." Pretty soon the impetuous Southerner broke out again by saying, "Pahden me Doctah, but I am suah I can be of suhvice if you will pehmit me to explain."

"Never mind, just answer the questions you are asked," replied the impatient Dr. Davis. Through with the examinations the patient was given a prescription containing about a dozen ingredients and told to come back in a week.

At the specified time the young Southerner returned feeling no better, but more than ever impressed with the idea that he could be of material aid to his physician were he only permitted to let in the light on the case he could but believe he possessed.

Accordingly upon entering the consultation room he renewed his request in the suave gentlemanly manner of which he was a past master.

But to this Dr. Davis replied, "Never mind, never mind, answer my questions." Glancing up and noticing the overhanging brow of his physician he recalled something he had read about the power of mind over matter and held his peace and the examination proceeded.

At its close the patient was given another prescription with many ingredients and told to come back if not improved. The patient was charged a dollar the standard consultation fee of Dr. Davis in that period.

The patient followed directions for a few days and feeling no better decided to take a trip into Wisconsin as the weather was exceptionally warm. Here he remained for several weeks and failing to improve returned to Chicago to again consult Dr. Davis.

Entering the consultation rooms of Dr. Davis the patient in very earnest tones said, "Doctah Davis I hope you will pahden me, suh, when I tell you I am no bettah suh, and that I feel that I must tell you of some things in my case that you ought to know suh,"—"Never mind, never mind, answer my questions," replied Dr. Davis in the way of an interruption. "I insist suh that you heah what I have to say," answered the patient.

"Will you keep quiet?" was the sharp retort of the physician.

"Doctah, I'm a gentleman and I expect to be treated like a gentleman!" was the emphatic retort of the now aroused Southerner.

Dr. Davis' next move was to step to the door and order the patient out of his office. The young man went

out in the waiting room, dropped in a chair, broke down and cried like a child. Here Student Mitchell went up to him spoke kindly and leading the way out of the waiting room asked the patient to follow till finally both found themselves in the office of Dr. Jewell who upon a hint from his student took in the situation and acted accordingly. He took the patient in his consultation room, directed the removal of every stitch of clothing and proceeded to examine him from the crown of his head to the tip of his toenails. Then Dr. Jewell got from the patient a minute personal history and supplemented this with a full history of his parents, grandparents and as far as possible drew out all that could be obtained relating to the health conditions of uncles, cousins, etc.

After an hour or two spent in this way the patient was given a prescription and a fee of twenty-five dollars collected. This done the patient was directed to return in ten days. Again an examination was made, another prescription written and a second fee of twenty-five dollars collected, and the patient directed to come back in another ten days.

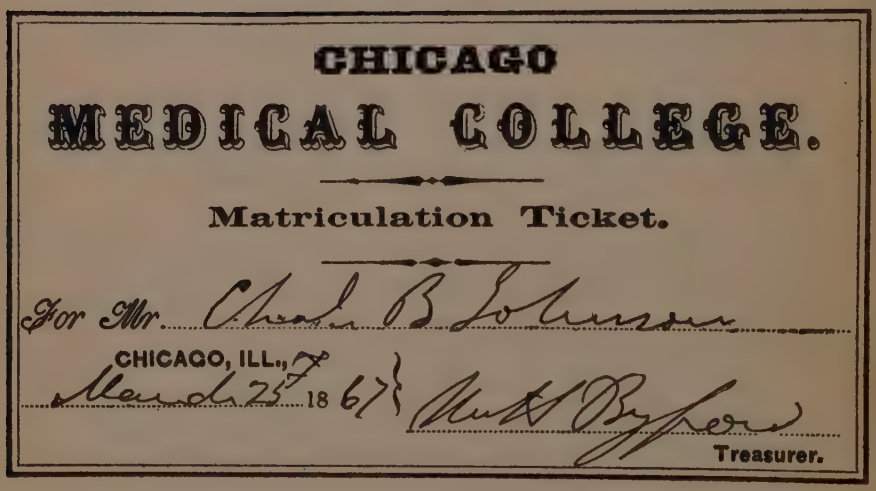
Just how long this routine was kept up is not recalled, however, the young man after a time began to improve steadily and meanwhile Dr. Jewell from time to time invited him to his home, and this the young man seemed to appreciate and enjoy especially.

Finally the patient felt that he was about well and hence was in condition to return to his much-loved Southland. Before starting for his home he sat down and wrote his check payable to Dr. Jewell and to the amount of one thousand dollars. Putting this in his pocket he went to the office of that physician and addressing him said:

"Doctah you have cuahd me suh and I have called to find out my indebtedness to you suh."

"Oh, you owe me nothing more, as you paid every time you came to the office."

"That's cuhtinly veahy kind of you suh, but if you dont mind I'll just leave this bit of papah with you to remembah me by." With this he removed the one-thousand dollar check from his pocket, put it on the table, weighted it down with a book, picked up his hat and hastily went out of the door to just where Dr. Jewell never knew.


CHICAGO
MEDICAL COLLEGE.
Matriculation Ticket.
For Mr. Charles B. Johnson
CHICAGO, ILL., March 25th 1867
Treasurer.

V.

A LEARNER AND WITHAL A TEACHER

Whence is thy learning? Hath thy toil
Oe'r books consumed the midnight oil?
Selected.

UPON returning to the interior of Illinois in the summer of 1867, I for a while made my home on a farm with my brother where I put in the time reading medicine and studying over and seeking to elaborate the notes I had made at Ann Arbor and Chicago. With hopeful anticipation I was all this time looking forward to attendance upon the ensuing course of lectures in the Chicago Medical College and at its close, if those in authority so willed, receiving my degree. But the Fates were against me, when fall came with the withering and falling of the leaves, my prospects blighted and my hopes dashed to the ground. The old, old question of means, like Banquo's ghost "would not down." Some money due me and upon which I had confidently depended, could not be collected, and I was compelled to accept the situation, namely, the postponement of my attendance upon medical lectures, to some more propitious time in the future. Had my plans not miscarried, I should in all probability have had the privilege of graduating somewhere above the foot of a class in the spring of 1868, near the head of which were the names of Dr. Nicholas Senn, and Dr. Norman Bridge. But "man proposes and God disposes."

"If you cannot do what you want to, do the next best thing," is a wise suggestion. The next best thing in the autumn of 1867 seemed to be the teaching of a country school, which was offered me and which was

situated about three miles from my brother's farm, and half-way to the county-seat, where meantime I had made arrangements to spend any leisure time I might have in the office of a practicing physician. On Saturdays, and sometimes evenings, I went with him to see patients. Once I remember going with him to the country to see a patient with what had been diagnosed as "bilious fever." It seemed that the case was dragging along and the older brother at whose house the patient was making his home, was dissatisfied and thought the patient was being treated for the wrong disease. From the conversation which followed I gathered that the man believed the patient really had typhoid fever, instead of the milder and shorter-coursed bilious fever. As is natural in such instances, the attending physician was impatient of criticism and questionings which were, indirectly, of course, a reflection upon his professional judgment. The case dragged along, later passed into the hands of another medical attendant, but in the end, recovered. We all make mistakes, but in this instance, my preceptor made two. First, he mistook a case of mild typhoid for one of bilious fever, a thing doctors not infrequently did in those days. Whatever the nature of the trouble, when he saw the friends were bound to have a really serious case and were willing to pay for increased attendance, it would have been the part of wisdom to have "climbed in the band-wagon" so to speak, and as tactfully as possible, bow to the situation. A thing which it is, of course, easier to advise than in all cases do.

One evening I was sitting in my preceptor's office all alone, the doctor having gone to the country. Twilight was fast gathering; I had not yet lighted a lamp, and having closed a copy of Watson's Practice, which I had been reading I was sitting in a meditative mood, wondering when I should be able to take the much longed for course of lectures and finish my education.

But all at once my meditations were broken into by the door opening, and a man making the inquiry, "Vas you der dochter?" "No," I answered, " the doctor is in the country." "Vas you by der dochter?" was the next inquiry. And in answer, I said, "Yes, I am his student." Then he said, "You geef me sumdinks for piles?" "For piles?" I answered, "you got piles?" "Yaas," he replied, "Got heem on my sheek." Lighting a lamp I saw that the man had a large boil (bile or biles) on his left cheek that was about ready to break of its own accord. However, I thought it would keep, if I may so speak, till the next day, when my preceptor could "lance it," as the operation was termed in those days. I told the patient to poultice the boil with bread and milk, a common substitute for flax-meal poultice, then in general use, and return next morning when the doctor would see him. However, next morning he did not return and the matter had about passed from my mind, until a few days later when I was crossing the street some one accosted me, and turning round there was my patient with a broad grin on his face while saying, "You vos yust so goot as der old dochter; my piles vas put nigh vell alretty!" I looked at his cheek, saw the boil had burst of its own accord, and now was all pretty well healed up, but desiring to have a little foundation for so much praise given me, I said, "Of course you made the poultice of bread and milk I directed and kept it on your cheek?" He looked at me, his already broad smile of satisfaction growing yet wider and said, "Yaas, I eat heem." So here I was receiving compliments and the hearty gratitude of the patient for effecting his cure and the remedy I had directed should be used locally, he had put down his ample throat!

As I said before, my school was three miles from my brother's farm and an equal distance from Greenville, the county-seat of Bond County, and as I divided my

time between these two places, I had a good long walk in any event. The school house was in a grove of timber, just off the public highway was a white frame building of the usual pattern in those days, with two doors in front, a row of windows on either side, a stove in the middle, the teacher's desk in the end opposite the door, the girls occupying the rows of seats on one side and the boys the other side. I had some bright pupils this winter and a number of these were pretty well advanced, which made it much pleasanter for me, but notwithstanding the fact, I disliked teaching, and was glad when the term closed. I had reached my eighteenth birthday in the early autumn of 1861 and I engaged to teach a country school in the extreme northwestern limits of Bond County and before the winter ended, came to the conclusion that teaching school was not always a pleasant vocation and since then have had reason to know it to be an often nerve-wracking occupation.

However, much as I disliked teaching, there is much that can be placed on the credit side of the ledger. Many, many years subsequent to my school-teaching, I had the pleasure of meeting some of my former pupils grown to gray-haired men and women, some of them grandparents, and all of them seemed so glad to meet me, and spoke interestingly of the old days and appreciatively of our former relations. Thus it came about that I found a "sweet" for the long-ago "sour."

As the roads were frequently heavy my three-mile walk to and from school was often fatiguing, nevertheless, I put in my evenings and Saturdays reading medicine in the office of my preceptor, Dr. Thomas Wilkins, of Greenville. Here also lived and practiced Dr. David Wilkins, a brother of my preceptor and a graduate of the Medical Department of the University of Michigan, and who, as elsewhere noted, was first assistant surgeon of the 130th Illinois, in which I served during the Civil War, and first made his acquaintance.

Greenville is situated on high ground and immediately west of the town is a high bluff and at the foot of this low ground that extends to Shoal Creek some further to the westward. In this low ground the townspeople dumped their garbage and at some period in the past disposed of their dead animals, and consequently in time it came to be dotted here and there with the bones of various creatures that had whitened in the sun. In my walks, I not infrequently picked up such of these bones as were more perfect and took them to the office for study and thus I, in a small way, familiarized myself with comparative anatomy. I was surprised at the almost absolute perfection of some of these specimens—every articulating surface, every fossa, every protuberance, every fissure, every foramen, indeed, every detail of nature's work, however minute, carefully preserved in these bones that long, long ago served their several purposes in the animal economy and then for many years had weathered the cold of winter, the drench of rain, the blast of storm, and the heat of summer, before I was so fortunate as to find them. In that provincial locality trained eyes were few, very few indeed, and consequently mine, though very little trained, were the first to fall on these specimens with any degree of appreciation, in its way another illustration of the fact that,

> "Full many a flower is born to blush unseen,
> And waste its sweetness on the desert air,
> Full many a gem of purest ray serene,
> The dark unfathomed caves of ocean bear."

During this winter of 1866-7 I made very few acquaintances among the young men of Greenville,—practically none among the young ladies, and over this fact was not a little annoyed as I felt the need of cultivating the social side of life. However, my school, the task of getting to and from it and my medical studies which I

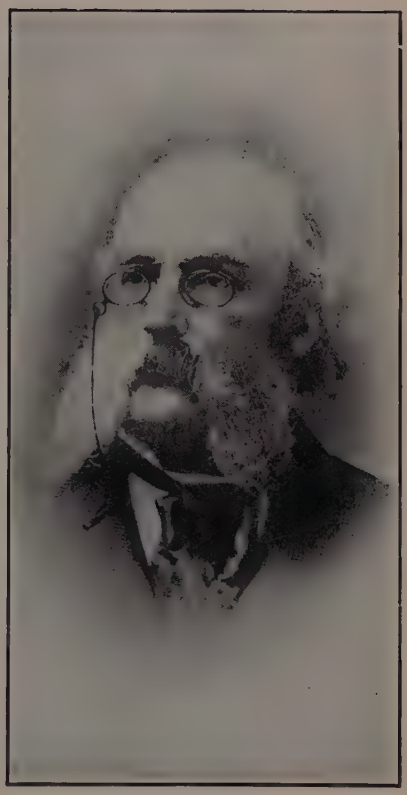
felt the necessity of pursuing industriously, occupied about all my time and capabilities.

One afternoon near the close of my school I began to feel uncomfortable, then I chilled and when school was dismissed for the day I sat down by the glowing stove, dreading to undertake the three-mile trip to my brother's but at last I screwed up my courage and started. I had gotten over about half the ground when feeling a sharp pain in my side, I sat down on the edge of a little bridge to rest, and get my breath. Meanwhile I coughed and saw that the sputum was streaked with blood. A little later I resumed my walk and tottered along as best I could over the remaining mile and a half. Arriving at my destination I at once went to bed and used what means the house afforded to make me comfortable. But despite all our efforts the pain in my side and bloody expectoration continued through the night, and next morning it seemed but common prudence to send in to the county-seat for my preceptor who in due time was at my bedside, looked me over, put me on treatment which consisted mainly of quinine and Dover's Powder. This soon gave me relief and in a very few days I was back in my school room. My preceptor always claimed that he aborted an attack of pneumonia in my case, and I always believed that he did.

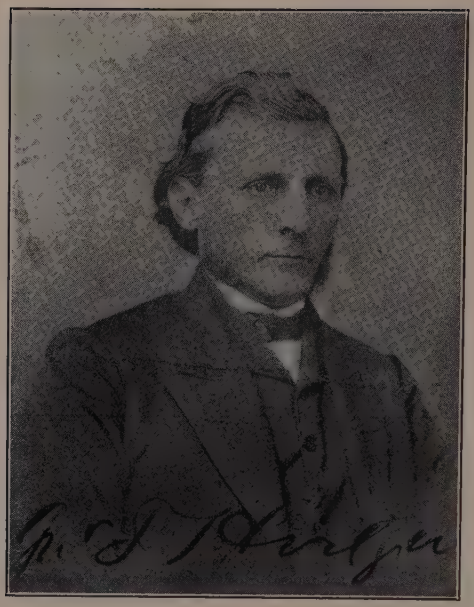
I remember a surgical case my preceptor, Dr. Thomas Wilkins, was proud of and fond of exhibiting to his medical friends. A young man was out hunting and in discharging his gun was so unfortunate as to have it burst in his hands, when one of the fragments struck him over the right eye and tore away some of the frontal bone, exposing the brain but, nothwithstanding the seriousness of the injury, the wound healed and the patient made a perfect recovery; however, there remained a hideous scar to tell the story of his misfortune.

As asepsis was unknown in this period and consequently anti-sepsis not understood and practiced, the

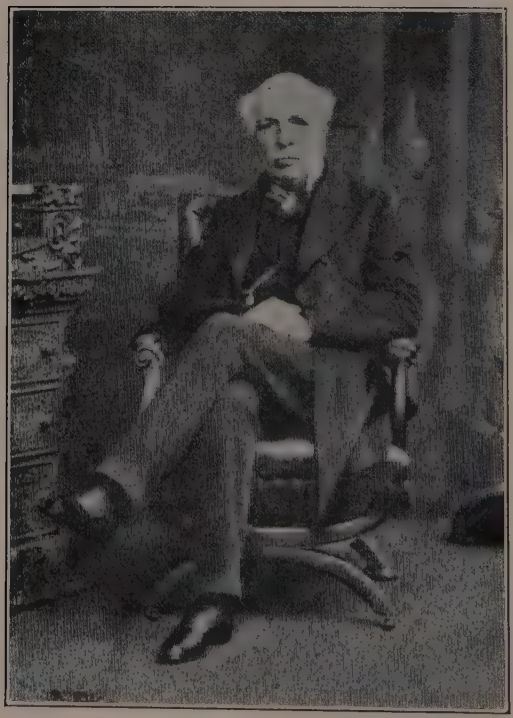
Silas H. Douglas



Moses Gunn



John T. Hodgen



Sir Thomas Watson

direct and uninterrupted advance on the road to recovery of this case was certainly remarkable. The young man belonged to a poverty-stricken family and home-life cleanliness was one of the last things cared for or put in practice but, nothwithstanding, he outlived an injury that would have proved fatal to forty-nine out of fifty in that era of "dirty" surgery. The patient, doubtless, had extraordinary powers of resistance, or as we would perhaps say today phagocytosis in his case was especially active. His case was almost in the class of one reported in the older physiologies. This was that of a man who sustained a terrible injury from a premature explosion while engaged in blasting rock. As a result, an iron crowbar was driven through his brain, entering below one eye and coming out above the ear on the opposite side of the head. His comrades put him in a dray and with the crowbar yet in the wound he was driven to the office of a surgeon who with the exertion of no little force removed the crowbar, applied dressings, and though this was long before the days of anti-septic surgery, yet the man recovered. Very naturally, this became a classical case with the older authors.

While it may not be altogether pertinent to my general topic, yet I can but believe that a brief reference to the average country school of a half century ago may not prove wholly uninteresting. The school I taught during the winter of 1866-7 had an average attendance of about twenty-five scholars, ranging in age from little tow-headed six-year-olds to husky young men almost old enough to vote. The curriculum ranged from "a-b-ab" pupils to advanced arithmetic and United States history classes.

In that period it embraced the seven branches, of Reading, Writing, Arithmetic, Spelling, Geography, Grammar and United States History. Average proficiency in these seven branches was in that day rated a good English education.

If I remember correctly, we that winter used Ray's Arithmetic and when opportunity presented itself, I would sometimes amuse myself by endeavoring to solve some of its more difficult "sums" and problems. One of these I recall was the following, "The hour and minute hands of a clock are together at noon; when will they be together again?" As the boy said, "I got the answer." But I seriously doubt if I could do as much today.

We used McGuffys Series of Readers and I thought then, and think still that they have never been equalled. Since that day it has fallen to my fortune to educate a large family and to serve for a number of years on Boards of Education, yet I have never seen the old-time McGuffy Series of Readers excelled. The selections in the Third and Fourth Readers in this series were, for the most part, high class literature. So high class in fact that not a few of the older men and women are ready to testify that it was to these readers that they owe their taste for good books and the better magazine articles,—in a word for good literature.

We used the old time Webster spelling book with its blue back so familiar to the boys and girls of two generations ago and that figured as the "classical" and "higher law" in the spelling-books of the mid-nineteenth century days. How these spelling-schools were enjoyed in those innocent times! They were often held at the school-house of winter evenings and everyone was welcome to attend. Likewise, everyone present was expected to take part; and how all were amused when some small girl would "spell down" a staid, mature citizen of forty-five.

But to those who were old enough to have the "mental grasp," the most interesting study was grammar, and furthermore, it served to discipline the mind perhaps more than any one of the required seven branches that entered into the common-school curriculum.

Some little time before my school ended I had

reached the decision, at its close, to go to St. Louis, not far distant, and see what I could find in the way of a summer course, consequently, when the last day came, the last lesson recited, and the last duty performed, I at once set about making the few preparations needed to follow out my plans.

VI

SOME MEDICAL GLEANINGS FROM ST. LOUIS IN 1868

Half our knowledge we must snatch, not take.
Pope.

BEFORE daylight one dark, dreary morning towards the close of the month of March, 1868, I took the hack at Greenville for Carlyle, Illinois, some twenty miles distant, but the nearest railway station. As a cold drizzling rain was falling and the roads were muddy and heavy, the trip was tedious and disagreeable. Reaching Carlyle at last a train was boarded for St. Louis and upon arriving at the bank of the river opposite, now the site of the thriving city of East St. Louis, a ferry boat was taken to cross the Mississippi, there being as yet no bridge though work had already begun on the Eads bridge.

For a number of years St. Louis had been able to boast two Medical Colleges within its limits. The oldest of these was The Missouri Medical College, also known as McDowell College, from its noted founder, Joseph McDowell who filled the chair of surgery. The other, the St. Louis Medical College, a newer school, had come to be known as Pope's College from the name of its leading founder, also a famous and skillful surgeon. During the greater part of the fifties and up to the breaking out of the Civil War the rivalry between these schools was little short of terrible to contemplate. Dr. Joseph McDowell at the head of the Missouri Medical College, while a brilliant surgeon, had a tongue that was simply venomous, and the English language scarcely afforded spiteful and malicious epithets enough to gratify his

hatred when speaking of the rival school. Naturally the faculty of the St. Louis Medical College resented these malicious attacks and naturally too, the students of each school to a greater or lesser degree, were drawn into this college war. But fortunately for the good name of all concerned, this unseemly conflict came to a sudden ending in the spring of 1861, when Fort Sumter was fired on, the Civil War broke out, and Dr. McDowell, who was an ardent Southern sympathizer, tendered his services to the newly-born Confederacy. His offer was promptly accepted, his surgical ability was duly recognized, and he became chief surgeon to the Trans-Mississippi Department of the C. S. A.

One day in September, 1865, the war meanwhile having come to an end, the regiment to which I belonged boarded a Mississippi River steamboat, at New Orleans, for the purpose of going up that water-way and returning to Illinois where we were to receive at Camp Butler near Springfield, our discharge from the service and final pay. Those of us connected with the medical department of our regiment soon after going on the vessel were interested to hear that one of our fellow-passengers on the boat was no less a personage than the famous surgeon, Dr. Joseph N. McDowell, who with the surrender of the trans-Mississippi army of the Confederacy, was about to return to his old home at St. Louis. At this time his hair and long beard were as white as the driven snow; his face was wrinkled with the tracks of Old Father Time, but when he talked, his bright eyes twinkled and his fine features were animated and attractive. As the weather was warm, he frequently came out on the steamboat deck bare-headed, without a coat or vest, wearing only a thin shirt, a pair of light colored Confederate pantaloons and low, coarse shoes. His shoes and dress were just what he had from necessity worn while inside the Confederacy and as yet deemed good enough for their purposes. Notwithstanding nearly

all those about him were in the blue uniforms of Union soldiers, yet he did not have one bitter word or make a single reference to the great struggle just closed. His talk was mainly story-telling, at which he was a past-master, and delineations of personal peculiarities. Our progress up the river in due time brought us one evening in sight of the lights at Cairo, Illinois, and at the sight of these, we were thrilled with thoughts of the welcome our people would extend to us as victors and saviors of the Union. Meanwhile I could but think of what Dr. McDowell would meet upon his return to St. Louis, his old home. That city he would find now union from limit to limit, while the pride of his heart, The Missouri Medical College Building, had during the whole course of the war, been used as a Confederate military prison and had housed under its roof numerous soldiers from the Southern armies, (prisoners) all of whom were its most unwilling tenants. Dr. McDowell however, never for one moment changed his political views and his contemners in the end, asserted of him that he lived and died an "unrepentant rebel." Not a great while after his return to St. Louis, the college building reverted to the original owners and here one day a female relative of Dr. McDowell, a most refined lady, called upon him and after the usual greetings, mutual enquiries after relatives and a pleasant visit, she rose to take her leave, when the host stopped her by saying, "Before you go, I want the privilege of taking you to hell!" Very naturally the visitor was shocked, but noticing a twinkle in Dr. McDowell's eyes and a twitching about the corners of his mouth, she at least felt assured that no harm would befall her, and accordingly she concluded to follow wherever her kinsman might see fit to lead. The way led through some dark halls, down some dingy winding stairs and finally ended in a basement room, dimly lighted and about the walls of which were numerous shelves; about the floor were a

number of tables and upon these were big bottles, glass jars and containers of various kinds and sizes, all filled with repulsive specimens from the reptilian world, not a few of which were alive and writhing. One big, wicked looking rattle-snake which lay coiled while it threw its head about and thrust out its tongue, Dr. McDowell called "Abraham Lincoln," while a poisonous copperhead in another container was named "U. S. Grant," and so on down through the list, were the prominent leaders in the Union cause remembered. Dr. McDowell had very great ability but was eccentric and bitter to the last degree.

Dr. Joseph Nash McDowell belonged to the noted Kentucky family of that name, which originally came from Virginia, however. He was a nephew of Ephriam McDowell, famed as the Father of Ovariotomy, was born early in the nineteenth century at Lexington, Kentucky, then the "Athens of the West," where he was given a fine classical education. Later he graduated from the Medical Department of Transylvania University in his native town. Then he attended a course of lectures at Jefferson Medical College, Philadelphia, and here his remarkable knowledge and aptness in Anatomy caused him to be appointed to the professorship of that chair in the school upon whose benches he had just been sitting as a student.

However, he had lectured at Jefferson but one year when a lure of some kind took him back to his native Lexington, where the immediate attraction (no doubt the real "lure" in this case) proved to be a young lady, the sister of the famous Dr. Daniel Drake, whom he soon married and then settled down to practice. Dr. Drake, a born fighter, and renowned teacher, gravitated between the Medical department of Transylvania University and one of the Cincinnati Medical Schools, against one or more of which, he was constantly waging battle. In this warfare he found a most efficient lieu-

tenant in his new brother-in-law, Dr. Joseph McDowell, who like Dr. Drake, was at different times connected with Transylvania, or one of the Cincinnati schools. And woe to the one that, for the time being, happened to be a rival of the school with which Drs. Drake and McDowell were connected, for they were both good fighters, not to say haters, in which last, McDowell excelled all competitors.

In 1840 Dr. McDowell just coming into his full powers, went to St. Louis and soon organized the Missouri Medical College, which as noted before, came to be known as the "McDowell College," and for a period of twenty years, his fame as a surgeon pervaded the whole width and well nigh the length of the Mississippi Valley. But when the slave-states seceded and he threw his all in the cause of the Confederacy, a blight ever after rested on his surgical career so far as it related to his old environment. So enthusiastic was he in the interests of the South that when he left St. Louis, for the Confederacy, he took with him six cannon, seven hundred and fifty muskets, much other war paraphernalia and in addition, scores of medical students.

All this was in strange contrast to his return from the overturned Confederacy as I witnessed it, and as in part narrated above when he came North on the same steamboat I did at the end of the Civil War which seemingly found him devoid of all possessions, save the thin summer suit he had on. To all appearances, he had cast his all with the short-lived Confederacy and stood so high in its councils that he was sent to Europe on some important mission.

Dr. McDowell was a most eloquent and effective speaker and at times made temperance addresses. One address on this subject was conceded to be unusually eloquent, and convincing, but during its delivery it was noticed that he had occasion to drink frequently from a glass conveniently near at hand. Strange to say this

glass contained a mixture of equal parts of whiskey and water. Those who heard him believed that he was wholly unconscious of the incongruity of most earnestly condemning the use of whiskey in one breath and swallowing it freely during the next.

As intimated above, soon after the war, the Missouri Medical College was renovated, overhauled and put in proper condition, a new faculty organized and its doors opened for the reception of students. For a considerable time subsequent to this its amphitheaters were largely filled by southern students. The schools in the South, the region where the immediate presence of war left its blight, were necessarily broken up and when peace came, the impoverished condition of the centers where medical colleges existed prevented reorganization under such circumstances as would admit of proper equipment and commodious surroundings. Consequently, students from both the immediate and far South flocked to the rehabilitated Missouri Medical College, where the fact of participation, by themselves or their fathers, on the "wrong side" in the late war would not for a moment be held as a handicap in any way whatsoever.

The St. Louis Medical College, unlike its rival, continued its sessions during the whole course of the war and at the time of my arrival in the city, was supposed to be in good working order, as it were. Consequently as soon as I had found a boarding-place I immediately sought out one of the members of the faculty and inquired if there would be a summer course given by that institution. The man I called upon was Dr. John T. Hodgen, the well known surgeon who at that time had his office in the basement of the College building. He was in the prime of manly vigor, tall, straight as an arrow, had high cheek bones, and bright, piercing eyes, and was a genial and a suave, pleasant gentleman in every way. In reply to my questions relative to a summer course he said that whole there would be no regular lec-

tures given, yet if I saw fit to remain, he felt sure I would find enough to keep me busy and interested, all of which he stated in such a frank, simple manner, that I at once made up my mind to "take my chances," as the phrase goes. Later I took quarters in the College building in a room over Dr. Hodgen's office where I had for roommate a young man eighteen years of age, by the name of Isaac Love, and a nephew of the great surgeon. As time went by I got very well acquainted with Dr. Hodgen, frequently visited patients with him and assisted in some of his operations. One day he referred to his nephew, who was a member of his immediate family, and said, "I don't know whether Isaac will ever develop into much of a man, or not," said furthermore he was discouraged when he thought of his future. As I had then been rooming with the young man for some little time, and was several years his senior, I thought I was in a position to express an opinion. Consequently I listened to all that Dr. Hodgen had to say and then replied by saying that I considered him an especially promising boy and felt sure he would grow into a bright man. Dr. Hodgen seemed interested and pleased and when I was through speaking, said, "Do you think so?" To which I replied, "I certainly do." The lapse of time proved the correctness of my prediction, for it is but recently that the whole country regretted the death of the brilliant and well known Dr. Isaac N. Love.

One day a showy, flashily dressed young man came in Dr. Hodgen's office and asked him for the privilege of doing some special work in the dissecting room. A favorable answer was given and after a discussion of details, the young man pulled out a big roll of bills and paid the required sum charged. He was provided with a fine subject, a well developed negro, and later went to the dissecting room two or three times, where he smoked expensive cigars, hacked a little at the cadaver and then failed to return. Taking in the situa-

tion, Dr. Hodgen one day said to me, "Johnson, that young duck has left a fine subject in the dissecting room; can you make any use of it?" Of course I answered that I could, and so, hour after hour I worked in the dissecting room, over this subject all alone, and as warm weather was approaching, I went sometimes of nights when my surroundings were especially lonely, not to say, gruesome. Well, the result was that in the end I got no little information in anatomy at first hand, and without cost to me, for when I offered to pay for my privileges, Dr. Hodgen said, "No, Johnson, you don't have to; that stylish fellow did the paying and *you've had the cake!*"

Another time I came in the office pretty soon after dinner and before Dr. Hodgen had returned, when I found sitting by the table the antipode in appearance to the young man who had engaged the subject for dissection. The last named caller, was young, and though the day was warm, had on an old well-worn cap, and was shabbily dressed in every way. When I came in, he was reading a medical journal and seemed much interested, but pretty soon laid this down and began the conversation by asking if I was a doctor. I answered, "No, but I hope to be some time." "Then you are a medical student, I take it," he observed, in reply. When I pleaded guilty to the accusation, he looked sad as he continued, "Well, I used to be." By this time I had become interested and said, "Did you give it up?" "Not till I had graduated," he answered. "Oh," I now said, "then you are in practice?" I do not remember the exact words, but during the conversation it developed that he was a graduate in medicine, but that luck had gone against him and he was now working at ordinary labor. So that here was one of those medical derelicts, that one sometimes meets, drifting, drifting, over life's uncertain sea.

It turned out that there were a number of medical

students in St. Louis, who like myself, were desirous of receiving instruction and consequently a class was formed and certain members of the faculty of the St. Louis Medical College gave us every opportunity in their power. We had medical and surgical clinics at the City hospital and at a Catholic hospital, the name of which I do not recall, where Dr. Gregory operated before us and gave clinical lectures. Here also we had clinical instruction from Dr. Green, then just entering upon his successful career as oculist.

At the college we were favored with anatomical instruction from the Demonstrator of Anatomy, Dr. McDowell, son of Dr. Joseph N. McDowell, the famous surgeon of the rival institution, The Missouri Medical College. Unlike his noted father, young McDowell was the very embodiment of gentility and propriety in both word and deed. He dissected and demonstrated a human brain for us and we were struck and delighted with his scholarly attainments, and were made to realize that he was like his father in one particular, namely, a born teacher.

Our principal medical instructor was a man whose name I have forgotten, much to my regret. He was a man of middle age, very gentlemanly and was one of those pains-taking, conscientious practitioners one liked to meet. Another man who taught us and aided us in any way he could, was a Dr. Prewitt, who had but recently moved into the city from the interior of Missouri. He was a single man in mature life and slept in a suite of rooms in connection with his office, and, at one time, having occasion to go out of the city for a few days, asked me to occupy his rooms and keep general track of things while he was gone. He had a finely equipped office for that period, and a large and well selected library to which for the time being I had access. Some of his works on anatomy and surgery had very fine plates which must have cost a good deal. He further-

more, had well prepared skeletons, manikins and other appliances for both learning and teaching. All in and about his office was especially attractive to me, a poor medical student, from the country. Naturally I wondered if such an environment would ever be mine.

Dr. Hodgen in addition to giving us clinical instruction, from time to time delivered before us didactic lectures that were especially clear and interesting. These were not always confined to surgical subjects, and in this connection I recall one that he gave us and that was suggested after the reading of Brown-Sequard's work on the Physiology and Pathology of the Nervous System, a work in every way worthy of its famous author, and just issued from the press. As elsewhere stated, Dr. Hodgen had his office in the College Building, and considerable numbers of poor people came here for treatment. One day a man came in and desired to have removed what seemed to be an enlarged sebaceous gland on his scalp. It was before the days of local anesthesia and after cautioning the patient to "grit his teeth and stiffen his backbone," Dr. Hodgen began the operation, which, however, proved to be much more painful than was anticipated; consequently the patient became very nervous as he writhed under the knife. Strange to say Dr. Hodgen became correspondingly nervous, his hands trembling very perceptibly, and when the blood spurted and gushed from the wound, he appeared especially annoyed and surprised. However, the operation was completed, the wound dressed and after the patient had gone, Dr. Hodgen said to me, "Johnson, that wasn't an enlarged gland; it was an aneurism!"

Speaking of cutting into an aneurism by mistake, reminds me of a case that has recently come to my notice. Many years ago a hard-headed country doctor was returning home at the end of a hard day's work. Sitting in his gig, the reins were between his knees, his horse was jogging along and he himself was almost asleep.

Suddenly from beside the road appeared a man, who stopped the doctor, put his foot on the wheel and said, "Doc, I wish you would lance this risin' for me." The subsequent events may best be told by the doctor in his own words:—"I reached around for my pocket case, got my lance and jabbed the swelling behind his knee. And I give you my word the blood spurted four feet! I made him hold his finger over the hole while I tore up my linen buggy robe for a bandage. With this I made a Spanish windlass on my whip handle, and while he held this on his thigh, I put him in the buggy and drove home. There, under chloroform given by a brother practitioner, I tied the artery in Scarpa's triangle; and—do you know—that d—d fool got well!"—(Medical Pickwick).

One day Dr. Hodgen came out of his office closely followed by a patient who soon took his hat and went his way. Pretty soon a smile came over Dr. Hodgen's countenance and he said, "Johnson, did you notice that man who went out? Well, he came all the way from Pike County, Illinois, where I used to live, for me to examine his lungs, and though I told him that he had better go to some one who made a specialty of such things, that I was a surgeon, etc., he would not listen to this, but would have me go over his chest. Well, as nothing else would do, I thumped his lungs pretty lively and found out that he was a great deal more scared than hurt and told him so. I charged him a good fee, and he went away happy. Of course, I didn't know much about his lungs, and to keep him from finding out this, I put on a bold face and charged well for my services."

At this time the founder of the St. Louis Medical College, Dr. Charles A. Pope, was traveling in Europe. He was a very able surgeon; had been president of the American Medical Association and later becoming wealthy, was now getting some pleasure out of life.

Some years later he died, it is said, by his own hand. There was sadness connected with the death of another St. Louis surgeon about the same time who while I was in St. Louis was one of our instructors, and whose name was Horace Clarke. At the City Hospital he gave us both clinical and didactic lectures. He was in the prime of young manhood, was a most ingenious surgeon and manifested every disposition to assist us students in any way he could. He sometimes talked to us familiarly about our future prospects and seemed interested in our welfare in general. I remember of his speaking of the hardships of country practice not a little of which he had only recently gone through at Paris, Ill., his location previous to coming to St. Louis. Before he reached middle life he had the misfortune to die from chloroform narcosis, the details of which I never learned.

There was also a good deal of sadness connected with the death of Dr. Hodgen, which occurred some years later. It seems that he had for some time been a sufferer from pain in the bowels, and one day the attack returned with especial suddeness and severity when he was driving, but fortunately, only a little way from his home. Accordingly, he put whip to his horse, reached his residence, got out of the buggy, and by a great effort, managed to climb up the steps, pass through the front door, reach a bed where he laid down and a little later died.

Finally, to one more whom I knew that summer in St. Louis, death came suddenly, and absolutely without warning. I refer to Dr. Isaac N. Love, who, it will be remembered was for a time my room mate. A number of years ago the passengers on an ocean steamer, on which Dr. Love was returning from the sea, realizing that they had been exceptionally well treated, as they came in sight of New York, called a meeting for the purpose of appropriately expressing their satisfaction to the captain and officers of the vessel. A number were assembled in the cabin and the meeting had made some

progress when Dr. Love made an effort to rise to his feet, and in an instant, dropped over dead, the result of cerebral hemorrhage.

I am of the impression that there was little if any, of the oldtime enmity between the Missouri Medical College and the St. Louis Medical College, following the reorganization of the former after the Civil War, anyway, recently their relations became so harmonious that they were consolidated, and became the Medical Department of Washington University. A consummation that two generations ago, the most sanguine optimist would not have dared to prophesy.

One Sunday Dr. Hodgen asked me to ride with him and after a little, we stopped at a house, where his patient proved to be a boy of about fifteen with a long ulcer on the innner side of one of his legs; Dr. Hodgen laid out his instruments and after talking to the patient a moment, picked up a strong pair of forceps, grasped the upper end of the fibula, and lifted nearly the whole of the bone from the ulcerous mass in which it lay. This was what we termed necrosis in those days, and certainly an aggravated case, but what the subsequent history was, I do not know.

Dr. Gregory was a skillful surgeon connected with the St. Louis Medical College, and the fact that he was sufferer from ptosis of one eyelid gave him a peculiar appearance. He was, however, genial and every one liked him. Both he and Dr. Hodgen were each later honored with the presidency of the American Medical Association.

While I was rooming with young Isaac Love, in the Medical College Building, I purposely got my meals at a boarding house about a mile away that I might get the exercise which the walks to and fro necessitated. My landlady was a Swede and there came a time when money expected was for a rather long period delayed in reaching me. Several times I apologized to my land-

lady but she said it was all right and for me to come right along and eat my meals. Finally the money came and when I settled my board bill I said to her, "You ran a great risk in trusting me, as I had no baggage here, roomed a long distance away and almost any time could have failed to return." In reply she said, "O Meester Shonson, yu's got sooch an honest face I knew it was all right."

In speaking of Dr. Hodgen, I neglected to say that he was quite studious and kept abreast of things, the fact of my rooming in the College Building gave me access to his office and I thus learned a good deal of his habits and methods. That spring he had just got an ophthalmoscope and was learning the use of it. The thought came to me that possibly a beef's eye might be utilized in this way, and consequently, one afternoon I took a long walk to a slaughter house, and got two fresh beef eyes and gave them to Dr. Hodgen who seemed pleased, but with what success he used the ophthalmoscope upon them I do not remember.

I can not recall going to any lecture, concert or any kind of amusement while in St. Louis that spring. I do, however, remember going to hear a much advertised address delivered by the famous Robert Dale Owen and was disappointed when I heard it. I went to church nearly every Sunday and heard a number of the ablest pulpit men in the city.

One Sunday evening I was out walking with two acquaintances when it was suggested that we go to church, but where, none of us seemed to know or care. We walked on and on and at last came to a church and went in to find the congregation on its feet and singing what proved to be one of the longest hymns I ever heard sung. At last the end came and the preacher engaged in prayer and what was our surprise to find that this was in German! As no one of us was familiar with the language, we went out as soon as the prayer ended.

In that period the Eads bridge across the Mississippi was building, but had not long been in process of construction. Steamboating was not then the abandoned means of traffic and travel that it has come to be today and consequently, there were yet many fine boats on the river. To see these I frequently went to near the water's edge and watched them come in and go out, always a beautiful sight.

In due time my summer's work in St. Louis drew to a close, and meanwhile, I was made to realize that I could not remain in the city on account of the Mississippi River water which rekindled attacks of a trouble, (chronic diarrhoea), I had cantracted during my army service. These attacks I tried every way to head off, but come they would. Finally I left the city and its water-supply and went to my brothers in the country where home-cooking and the use of ordinary well-water soon put me in fair condition.

VII

MEDICINE IN 1868

The means that Heaven yields must be embraced
And not neglected, ...

Shakespeare.

IN 1868 the Civil War was but three years in the past and hence the medicine of that date was essentially Civil War medicine. And although Pasteur had begun his epoch-making work in revealing the ravages of pathogenic organisms the science of bacteriology was as yet an unopened book; and although Lister was working assiduously to devise means for the prevention of infection the world had no appreciation of the all-important possibilities for good or evil conveyed in the simple words, *sepis* and *asepsis*. Among the more prominent medical men of that era in America, was George B. Wood of Philadelphia, author of an exceptionally popular work on practice, of another equally popular one on materia medica and therapeutics; moreover, he was one of the authors of the United States Dispensatory, a work that holds its own till this day. Another able Philadelphia physician was Robley Dunglison, the author of numerous medical books, indeed, he is said to have covered about every subject in the whole field of medicine, save surgery. A less widely known Philadelphia medical man was W. W. Gerhard, who a generation before had made a most careful study of typhus and typhoid fever that all could see and understand, and as a result, the more progressive in the profession were not long in "catching-on," and recognized typhoid as a distinct disease. One of the most learned anatomists of this period was Joseph Leidy of Philadelphia, author of a work on anatomy said to be

illustrated by himself. The best known and ablest surgeon of that era was Samuel D. Gross, author of a large, two-volume work on surgery, besides several treatises on subjects pertaining to pathology and allied topics. Furthermore, he contributed no little to the history of medicine, particularly in America. Indeed, up to that time no one more than he had labored earnestly to bring American Medicine and Surgery to the notice of Europeans. He will always be remembered as the greatest surgeon that this country produced in the nineteenth century.

Hugh L. Hodge, Professor of Midwifery in the University of Pennsylvania and Charles D. Meigs, of the same Chair, in Jefferson Medical College, were the great obstetric lights in this country. They were both men of ability, authors of several works, pertaining to their specialties, and sad to say, both to the last maintained that puerperal fever was not contagious, and in effect was an essential fever, somewhat like typhus and typhoid.

At this period, Philadelphia was the medical center of the United States and had the well-merited distinction of having produced more distinguished men in the profession and more authors of standard medical works than any city in America. Furthermore, it had always been the home of the *American Journal of Medical Sciences*, one of the very best periodicals in the English language.

In Boston lived, and for a long time had practiced, Jacob Bigelow, author of "Self-Limited Diseases," and a wise physician, in many particulars, ahead of his time. In that city also abided the brilliant Oliver Wendell Holmes, Professor of Anatomy in Harvard and a bright and shining light in American literature, wherein he had such co-workers as Longfellow, Lowell, Whittier, Emerson and Bryant. A full quarter of a century before Holmes had published a most important article, showing

that puerperal fever was a highly contagious disease, and that doctors, nurses and contaminated articles, were very often its purveyors. Sad to say, what Holmes had said on this most important subject, was for many years unheeded—the great lights in the profession, as noted above, were non-contagionists. Dr. Henry J. Bigelow, was a leading, if not, indeed, the leading Boston surgeon, and had the distinction of being present when on October 16, 1846, Dr. John C. Warren performed the first public surgical operation under sulphuric ether administered, as it was, by Dr. W. T. G. Morton.

The leading New York City practitioners of that day were Alonzo Clark and Austin Flint, the last named an author of great merit. Flint's work on Practice had only come from the press a short time before, but in many particulars was the best of its kind during the whole of the nineteenth century. Flint was a master of the art of clear expression and concise statement, both of which so many authors lack.

William A. Hammond, Ex-Surgeon General of the United States Army, was a noted New York practitioner, inclined to be sensational, but who did good work in nervous diseases.

This leads me to say that in speaking of Philadelphia practitioners, I neglected to name S. Weir Mitchell, the leading American neurologist of his day, a clear, clean writer on medical subjects, a gifted author in general literature, with many interesting works to his credit. He saw much service as a Civil War surgeon.

Among noted New York surgeons were Willard Parker, Louis A. Sayre, etc., but perhaps New York's most popular surgeon was Valentine Mott who died in 1867.

In Chicago N. S. Davis, Father of the American Medical Association, was the leading teacher and practitioner of medicine. That city's two most prominent

surgeons were Edmund Andrews and Moses Gunn, both of whom had occupied chairs in the University of Michigan. Dr. Gunn's dexterity with the knife has already been referred to and Dr. Andrews was one of the most scholarly men of his day in the profession.

In Cincinnati, Roberts Bartholow, easily led in internal medicine and was the author of several excellent medical works. Two of these, one on Practice and the other on Therapeutics were especially well received and long held a place as popular text-books. Later Dr. Bartholow accepted a position in the faculty of Jefferson Medical College, Philadelphia, and removed to that city where his last days were passed. George C. Blackman was long a leader of surgery in Cincinnati and the country contiguous thereto.

In gynecology, Marion Sims of New York City had a world-wide reputation, and the brothers John L. and Washington L. Atlee of Pennsylvania, were doing many ovariotomies when that operation required much skill and no little daring on the part of the operator. John L. Atlee did seventy-eight ovariotomies and his brother Washington L. Atlee three hundred eighty seven, most of them in the pre-asepsis period, but nevertheless with a remarkable proportion of recoveries.

In this period the leading practitioners in England were among others, Sir William W. Gull, Sir Samuel Wilks, Sir William Jenner, Sir Thomas Watson, and John Hughes Bennett, the last two authors of works on Practice. Watson's work was so popular that it became almost a classic with students and practitioners. Bennett's Practice was largely a bedside-clinic volume and was well received in its day.

The leading English surgeons of that period were Sir James Paget and Sir Jonathan Hutchinson. Paget was the author of "Surgical Pathology," a most readable book that was the vogue for a long period. He also pub-

lished other works that were popular with the profession. Hutchinson published a number of volumes under the title, "Archives of Surgery," that came to be of great value as they are largely clinical.

In this period Scotland produced some exceptionally able men, among whom were Sir William Fergusson and James Syme. Fergusson was a pioneer in conservative surgery and made it a point to save every part possible. He was one of the most rapid operators of his time, his training and much of his work occurred in the pre-anesthesia era, when speed in operations was most desirable. Syme was one of the first to recommend excission in place of amputation and thus saved many limbs that proved to be relatively useful. Syme was the preceptor and father-in-law of Joseph Lister, the father of asepsis in surgery. Lister, an English Quaker, was in the midst of his era-making work and the year before had published a paper with the title, "On the Anti-septic Principle in the Practice of Surgery." He was the first to make use of Carbolic Acid as an anti-septic, successfully. Practically every surgeon of that day welcomed the appearance of "laudable pus," and was content to get healing of surfaces by granulation. Lister believed that union by first intention was possible and resolutely set out to get this. As all the world knows he was eminently successful in his quest. He was little known in the era of which I write, but later his work was "read of all men" and finally he was knighted and given the well-earned place of one of the three greatest surgeons of all time—John Hunter and Ambrose Pare being the other two.

One of the world's greatest obstetric and gynecological lights was Sir James Y. Simpson, who filled the chair of Midwifery in the University of Edinburgh. He was the first to use choloroform as an anesthetic in labor, introduced the long obstetric forceps and the wire-suture.

Sir Thomas Spencer Wells, known familiarly as Spencer Wells, was the greatest ovariotomist of his time and patients flocked to him from all over the world.

In France, Trousseau, the great clinician, had just died, but Charcot, the great neurologist, was in his prime; likewise, Claude Bernard, a physiologist, of world-wide reputation, was active in his chosen field. He was the first physiologist to recognize the "internal secretions." "The gate to this path was opened by Bernard," said Sir Michael Foster, his biographer. Nelaton, one of the great surgeons of his time, and consultant to Napoleon III was in his ripest years. Velpeau and Malgaigne, great French surgeons, had just died. A prominent character in the medical world at this time was Brown-Sequard, a student of Claude Bernard's and a great physiologist, who had much to do in extending our knowledge of the internal secretions.

In Germany, Langenbeck, was a surgeon known where ever his art was practiced, but the most famous medical man of that country was Virchow, of Berlin, perhaps the greatest pathologist that ever lived. However, only a little less renowned than Virchow was Rokitansky, a native of Bohemia, and a pathologist, excelled only by his great Berlin rival.

Pirogoff was the great surgeon of Russia and one of the world's great military surgeons. Contemplating the extreme septic and unsanitary conditions attending it he pronounced war a "traumatic epidemic."

Among the most used medical text-books in the Civil War Era of American publications, were George B. Wood's "Practice of Medicine," Flint's "Practice of Medicine," Samuel D. Gross' "System of Surgery" (two large volumes), Hugh L. Hodge's "Principles and Practice of Obstetrics," Charles D. Meig's "Science and Art of Midwifery," Dunglison's "Medical Dictionary," J. Lewis Smith's "Diseases of Infancy and Childhood,"

Frank H. Hamilton's "Fractures and Dislocation," J. M. DaCosta's "Medical Diagnosis," J. C. Dalton's "Human Physiology," George B. Wood's "Therapeutics and Pharmocology," Beck's "Materia Medica," Joseph Leidy's "Human Anatomy," etc.

The following were for the most part English publications, or rather English authors of works re-published in America:

Thomas Watson's "Practice of Physic," Williams' "Principles of Medicine," Frichsen's "Science and Art of Surgery," Druitt's "Principles and Practice of Modern Surgery," Churchill's "Theory and Practice of Midwifery," Wells' "Diseases of the Eye," Toynbee's "Diseases of the Ear," Taylor's "Medical Jurisprudence," Fowne's "Chemistry," Brande and Taylor's "Chemistry," William Aitkin's "Science and Practice of Medicine," Gray's "Descriptive and Surgical Anatomy," Paget's "Surgical Pathology," Charles West's "Diseases of Infancy and Childhood," "Diseases of Women" by the same author.

Some of the above works I had procured while a student, and young practitioner and others among them I would gladly have purchased had my limited means permitted. I recall how my mouth almost watered when I first saw Aitkins' two-volume work on Practice, and I felt almost the same longing when I looked on the two-volume surgery of Gross. However, I made some good selections and managed to get passably familiar with a number of good authors. Among these, Watson was my favorite for he had the rare faculty of winning and holding the attention of the reader. So true was this that one might open him on almost any page and begin reading at almost any paragraph and in a very little while would become absorbed in the text and next to unconsciously, read on and on till the end of the chapter was reached with surprise and disappointment—disappointment that

the chapter was not longer. Someone has said that that is a rare book, indeed, which the reader finishes with the wish that it were longer. Watson's Practice is a royal octavo of more than 1200 pages, yet few who read the book were glad when it was finished. The work was made up of a series of lectures, delivered by Watson in 1835-6 and as illustrative of his style, I quote the following from his introductory:

"But amid all the responsibilities, gentlemen, both of teacher and learner, the profession which you and I have chosen, or which circumstances have prescribed to us, is a noble profession, and worthy the devotion of a life-time. If you fit yourselves now for its high functions, and pursue it hereafter in earnestness and truth, it will probably conduct you to an honorable competence, and it will surely prove a salutary school of mental and moral discipline. Trials, no doubt belong to it, and difficulties; but it has also privileges and immunities peculiar to itself. Affording ample scope and exercise for the intellect, it is conversant with objects that tend to elevate the thoughts, to temper the feelings, and to touch the heart.

"I have already reminded you how it brings beneath our minute and daily notice that most remarkable portion of matter, which is destined to be for a season the tabernacle of the human spirit, and which apart from that singularly interesting thought, excites increasing wonder and admiration the more closely we investigate its marvelous construction. The sad varieties of human pain and weakness with which our daily vocation is familiar, should rebuke our pride, while they quicken our charity. To us are entrusted in more than ordinary measure, opportunities of doing good to our fellow-creatures, of showing love towards our neighbor. Let us beware how we idly neglect, or selfishly abuse, a stewardship so precious, yet so weighty.

"The profession of medicine, having for its end the common good of mankind, knows nothing of national enmities, of political strife, of sectarian divisions. Disease and pain the sole conditions of its ministry, it is disquieted by no misgivings concerning the justice or honesty of its client's cause; but discloses its peculiar benefits, without stint or scruple, to men of every country, and party, and rank, and religion, and to men of no religion at all. And like the quality of mercy of which it is the favorite hand-maid, 'it blesseth him that gives and him that takes'; reading continually to our own hearts and understandings the most impressive lessons, the most solemn warnings. It is ours to know in how many instances, forming, indeed, a vast majority of the whole, bodily sufferings and sickness are the natural fruits of evil courses; of the sins of our fathers, of our own unbridled passions, of the malevolent spirit of others. We see, too, the use of these judgments, which are mercifully designed to recall men from the strong allurements of sense, and the slumber of temporal prosperity; teaching that it is good for us to be sometimes afflicted. Familiar with death in its manifold shapes, witnessing from day to day its sudden stroke, its slow but open siege, its secret and insidious approaches, we are not permitted to be unmindful that our own stay also is brief and uncertain, our opportunities fleeting, and our time, even when longest, very short, if measured by our wants and intellectual cravings.

"Surely, gentlemen, you will not dare, without adequate and earnest preparation, to embark in a calling such as this; so capable of good if rightly used, so full of peril to yourselves and to society if administered ignorantly or unfaithfully. And even when you have made it, as you may, the means of continual self-improvement, and the channel of health and of ease to those around you, let not the influence you will thus obtain beget an unbecoming spirit of presumption; but

remember that in your most successful efforts, you are but the honored instruments of a superior power—that after all 'it is God who healeth our diseases and redeemeth our life from destruction'."

Gray's Descriptive and Surgical Anatomy was then a recent publication and soon won, and long sustained, the favor of medical students and practitioners alike, mainly for its unequaled illustrations with the plainly printed name on every anatomical part. In the sixties and seventies it would have been almost hard to find a recent graduate in medicine who did not have in his library a badly worn, and too often, greased copy of Gray.

Paget's Surgical Pathology was almost as attractive reading as Watson, which is saying a good deal for that work.

West's Diseases of Children was an excellent work clothed in a pleasing style that made it easy reading, and a delight to follow the author.

There were more medical journals in the Civil War Era than there are today. Indeed, every large city had two, sometimes three. All the papers and transactions of the American Medical Association were published in book-form and the Journal of the American Medical Association had not yet come in the field to supplant many other medical periodicals.

As elsewhere noted the American Journal of Medical Sciences easily led all the rest in ability and influence. This was a Quarterly and from the same office there was issued each month *The Medical News* which kept in pretty close touch with current medical matters as they transpired.

I have in my library the first copies of the American Journal of Medical Sciences, published nearly a hundred years ago and to which the ablest medical men in America were contributors.

As in that day works on general pathology were vastly less in evidence than is the case today practically every work on practice and surgery devoted its opening pages to a consideration of disease-structure and disease-processes. Of the last named *inflammation* easily had the lead and no work on general surgery or general practice neglected to consider it thoroughly.

Indeed, so important was its discussion and contemplation deemed that some one referred to inflammation as the "keystone to medical and surgical science" —"the pivot upon which the medical philosophy of the time revolved."

As elsewhere stated asepsis was not practiced because it was not understood,—in fact to all intents and purposes unknown. This being true infection was at all times liable to attack wounds whether these were made by accident or by the surgeon's knife. How to prevent infection the operator of that era could but acknowledge himself in utter ignorance. Hence with the danger of infection ever hanging over his operating table, like another sword of Damocles, what wonder that the surgeon of the Civil War Era was conservative and was careful what he cut into. Indeed, so careful was he and so reluctant to cut into certain structures, that it became a rule as inflexible as the laws of the Medes and Persians never to willingly open a serous cavity with the exception of the pleura which seemed to enjoy a relative immunity to infection. Especially susceptible to infection were the peritoneum, the larger joint cavities and the membranes of the brain.

Owing largely to these facts the surgeon of fifty years ago in very large measure operated only when necessity demanded it. In other words, he was in large degree an *emergency* surgeon. Ovariotomies and similar operations were done almost wholly by operators from the larger centers of population. Such a thing as an ex-

ploratory operation was unheard of and would have been severely criticised had it been made.

As the X-Ray was yet long in the future, much that this today brings out in the lime-light, so to speak, had in that time to be done in the dark, as it were. Especially was this true of fractures which the surgeon had oftentimes to "set" practically, by guess.

While in operating, ordinary washing of hands and instruments was always practiced, yet as a-sepis was unknown, an aseptic condition of parts and things implicated was of course never aspired to. Healing by the first intention was never attained, suppuration in an open or incised wound was always expected and the appearance of *laudable* pus was always welcomed. As neither the operator or his attendants ever changed their clothes before or after an operation, what wonder is it that they unwittingly became carriers of infection and that cases of childbed fever "sprung up" here and there to worry and embarrass the general practitioner.

Speaking of conditions in the pre-asepsis era I recall reading an article from the pen of Dr. Edmund Andrews, one of the country's most progressive surgeons in his day, recommending that before risking a major operation on a given patient, it might in some instances be well to make an incision at some point in the patient's anatomy distant from the site of final operation, and note how this reacts and heals!

Twenty-two years previously, namely in 1846, Dr. W. T. G. Morton made his world-wide famous demonstration of ether-anesthesia at the Massachusetts General Hospital for Dr. J. C. Warren to perform painlessly a capital operation on one of his patients. A little later, Dr. J. Y. Simpson, of Edinburgh, Scotland, discovered that chloroform was even more prompt as an anesthetic than ether. Both ether and chloroform were freely used on practically every battlefield during the

Civil War. Of the two, however, chloroform was very much more frequently administered than ether and this practice continued for many years subsequent to the war.

Cocaine was not yet in use and save a freezing mixture that partially abolished pain, local anesthesia was not obtainable by any practical means at the surgeon's command.

The fever thermometer and the hypodermic syringe came in use in the late sixties and early seventies.

VIII

I GO ON A QUEST

What future bliss he gives thee not to know,
But gives thee hope to be thy blessing now.
Selected.

WITH the approach of the summer of 1868, at the suggestion of my Preceptor and some other medical friends, I decided if a suitable location could be found, to practice medicine for a time, notwithstanding the fact, that I was as yet a non-graduate. However, this was a not uncommon custom, in that day, and while I knew little enough, yet I really had enjoyed better opportunities for qualifying myself in medicine than the average graduate of that period. During my three years of army service I had put in two years in the medical department of my regiment, and in addition to my lecture-course of six months in the University of Michigan, I had taken a summer course in Chicago and a year later a summer course in St. Louis. At this period Illinois had no Medical Practice Act and no State Board of Health, consequently medicine was open to any and all who cared to enter upon its practice. However, at this time there was one tribunal from which the physician had to obtain what was in effect a license, that cost him ten dollars per year, namely the United States Revenue Department. But as this was a relic of the heavy taxation demanded by the exigencies of the Civil War it was done away with not long after the beginning of the seventies.

One bright, beautiful morning in June, I got in the saddle and started in a general northwesterly direction from the farm near Vandalia, Illinois, where I was then

James S. Jewell

NATHAN SMITH DAVIS

living. I was in my twenty-fifth year, but very boyish-looking and with the hope to in some degree overcome this, I had a few days before left a reservation on my upper lip for a mustache to occupy and another on the lower part of my physiognomy for chin-whiskers. In due time these parts came to be covered with an average growth of beard and so remain today though now out of fashion. When I was a boy a man with a full beard was a curiosity, and so he is today. But between these two clean-shaven periods was the bewhiskered era, when every one seemed ambitious to raise the most and heaviest beard possible. So much for fads and fashions relating to the male countenance in my time!

Returning to my journey: After riding till near noon I reached Hillsboro, the county seat of Montgomery and an old settled place. Here I called on Dr. T. D. Washburn and he received me very kindly; and did what too many established physicians fail to do, took an interest in me and directed me to several places where I might find what I was looking for. I visited the several places but found none of them promising. However, I appreciated Dr. Washburn's interest and kindness of manner and some years later contributed my mite towards helping him to be elected president of the Illinois State Medical Society.

Having satisfied myself that Montgomery county had no place that would suit me for a location, I rode on north into Christian county and passed through a long stretch of open prairie of virgin soil that had never known the ravishing touch of the ploughshare. The weather was very warm and no sooner had the sun mounted in the sky, than looking in any direction, the undulation of heat waves could be seen just above the level horizon. Late in the afternoon I reached Taylorville, the county seat of Christian county and at that time only a village. I did not tarry long here, but started

for the nearby farm, residence of a distant relative, where I proposed to spend the night.

A little while before reaching my destination, my attention was attracted by what seemed to be a carefully "done up" brown-paper package, lying by the roadside. Thinking this something of value and possibly a package lost by my relatives, whose house was not far distant, I got down from my saddle, picked up the carefully done up and well corded bundle, but finding it unduly heavy, was tempted to open it, when lo, it was found to be a generous piece of rich sun-dried soil from a nearby marsh. As I mounted my horse, my attention was called to some young people with broad grins on their faces, whose heads were protruding from the door of a rude shack that I had not before noticed. Of course, I had been "sold" but if it afforded some good-natured amusement, to these young people, who doubtless had much of monotony in their lives, what was the odds?—even though I was the innocent victim. Soon after I reached the home of my relative and was hospitably entertained.

I found my kinsman to be a very successful and prosperous farmer, and his story was an interesting one. Twenty years previously (in the late forties), he was working by the month and earned and saved enough money to enter eighty acres of land near the then small village of Taylorville. This raw prairie had first to be broken with a prairie plow, drawn by several yokes of oxen, as the turf made by the roots of the prairie grass, or "blue-stem," as it was commonly called, was a tenacious mass that resisted strenuously any disturbing factor. As soon as the sod was turned over, he planted it in corn. This was done by making holes in the newly upturned sod with an axe, held in one hand, dropping in the grains of corn with the other and kicking over this the loose dirt with one foot. As there were no weeds and the toughness of the root-infested soil precluded cultivation, the crop was left to grow undisturbed, and in its own

way, which it did to perfection, and in the end, yielded enough to pay for the ground, upon which it grew and likewise, for the turning over of the sod with the big plow, drawn by a number of oxen.

Time went by, my kinsman married a young woman, who turned out a real "help-mate," and he from time to time added to his land holdings, grew wheat, oats, and timothy in addition to corn. During the first half of the fifties the country was flooded with California's newly-discovered and immense output of gold. Prices of all commodities went up, trade of all kinds was greatly stimulated. All this contributed to my kinsman's prosperity, and meantime child after child was added to his family, and when I reached his home a half dozen or more children sat at his board and called him father. His original farm had been added to until it embraced a whole section or more, and whereas, his first land had cost but one dollar and a quarter an acre, it had all advanced in value till probably worth forty dollars per acre. Today (1925) it would perhaps sell for three hundred dollars an acre, so great are the enhanced values in the Illinois corn-belt and so remarkable are the wealth-producing possibilities of its black, fertile soil.

After parting company with my kinsman and his hospitable roof I rode into nearby Taylorville, hitched my horse and looked around for a time and, meanwhile, stepped into a nearby drug store and while there, a well-dressed, spruce-looking man drove up with a pair of "spic-span" horses, hitched to a nice buggy. In a moment this dapper-looking man got out of his buggy, came in the store, got some article, passed out, got in his buggy again and drove rapidly away. Upon inquiry I learned that this was the leading physician of the town. Seeing his seeming prosperity and apparent fitness I could but envy him and wonder if I should ever be in position to "stack up such an attractive front."

I again mounted my horse, turned my course westward and at noon time rode up to the farmhouse of Captain Daniel DeCamp, late 130th Illinois Infantry Volunteers, my old regiment.

Captain DeCamp was a pioneer in Christian county, as the saying is "had his pick" when he came to select a site for his home. He had a large tract of land in the edge of the timber and hence his holdings embraced both forest and prairie land. While his improvements were such as were common to the earlier settlers, his house was larger than most of his neighbors and had in its front a long, wide porch and upon this after a hearty and typical farmer's dinner, we seated ourselves to enjoy any breeze that might be passing, as it was a warm June day with an atmosphere that bordered on the sultry.

As less than three years had gone by since we were mustered out of the service, we naturally fell to talking about our army experiences. . . . Finally we both agreed that the average man dreaded to go in battle and that it was really pride that took him there and held him to his work, for most soldiers had rather take their chances of being hit by one of the enemy's missiles than be classed as a coward.

After leaving the comfortable and hospitable home of Captain DeCamp, I could but think of the independent position he and my kinsman, under whose roof I had passed the previous night, occupied, as compared with myself, whose only possession was the horse upon whose back I was riding. However, as they were both some twenty years my senior, I consoled myself with the thought that time maybe had something in store for me and that in due course, I too, would perhaps have a home and all else which that most expressive word oftentimes embraced.

My way that afternoon led through a timbered region in Sangamon County, across a rude wooden bridge that

spanned a considerable stream and finally out on a beautiful rolling landscape, covered with fine farms. In this County (Sangamon) at Crow's Mill, I had a sister teaching school, and I had it in mind to pay her a visit. As indicated above, the road led through a beautiful farming country, the afternoon wore away, the sun went down, twilight and darkness came on and in this I rode for some little time before I reached my destination. I was fatigued and after greeting my sister and a short visit with her, I retired to rest in an old-time feather bed, and slept sweetly till the sun, coming in at my bedroom window, warned me that it was time to get up.

At this time I had a cousin, Charles W. Johnson who had served in the same regiment that I had, but who was now a young lawyer in Springfield, and whom I expected to visit in that city. From my sister I learned that he, like most young professional men, found himself a little short of money, and engaged to teach the summer school at Chatham, Ill., some six miles distant from where my sister was teaching, and as I felt that I must see him, I got in the saddle and rode to that village. I found it a neat, pretty, little place, on the Alton and Chicago Railway, ten miles south of Springfield. But much to my disappointment, I found that, it being Saturday, my cousin had taken the train and gone in to Springfield.

While in the village, I dropped in at one of the drug stores and asked the proprietor if he knew of a good location for a young doctor and in reply he said that the young doctor who had been practicing in Chatham, had just gone west, and no one had as yet come to fill his place. In talking a little further, the suggestion was made that I go and see the old established physician of the place, Dr. Nehemiah Wright. I promptly did as suggested, and found Dr. Wright in such an open frame of mind that he almost urged me to look no further, as

I would probably find no better location than Chatham, for the reason that Dr. Charles H. Lewis, a young physician, had just gone away and there was need for some one to fill his place. What Dr. Wright had to offer had weight with me.

A little later I mounted my horse and rode into Springfield and met my cousin, Charles W. Johnson, who had just been admitted to the bar after reading law in the office of Lincoln (Abraham) and Herndon, but who, as narrated above, had taken occasion to earn a little much-needed ready money by teaching the Chatham Summer School.

After spending the afternoon in Springfield with my cousin I again mounted my horse and rode out to Crows Mill, where I had left my sister in the morning. I spent the day resting and visiting with my sister, who was several years my senior and a well-educated woman, who had always especially commanded my respect. She it was who said the word that finally induced me to study medicine. We had an all-day visit and a pleasant time together, and I greatly enjoyed the rest and social intercourse thus afforded me. Next morning I got in the saddle and rode to Chatham where I spent several days looking the ground over. While there, I paid a visit to Loami, a hamlet, six miles west of Chatham and nearby which, at a farmhouse, lived a soldier, with whom I had served while in the Union Army. The last part of this ride was near noontime, and the way led north with a tall osage-orange hedge on either side of the road. I had on dark clothes, and as there was not a breath of air, the sun beat down on my back till I felt sick and faint, but I managed to reach my destination and found a place in the shade, under some trees in the yard on the grass. Dinner was soon ready, a hearty farmer's meal, for which I had no appetite, but asked for some sweet milk. This proved to be cold and was most grateful to my palate.

Next morning I felt much better and returned to Chatham. Another Saturday came and I again rode into Springfield, where meeting my cousin, he introduced me to Dr. B. F. Stephenson, later to become famous as the founder of the Grand Army of the Republic, an organization to which only soldiers who had battled for the Union were eligible. But, as at that time, there were something like a million and a half of these, the order came to be a very strong one. After Dr. Stephenson had passed out of earshot, my cousin told me that he (Dr. Stephenson) had said to him that Chatham was not a good location and he would not encourage me to locate there. I replied that, notwithstanding, I had decided to try my luck at Chatham, and had promised to be there for work a month hence, or about July 15, 1868. After another short visit with my sister I started on my return to my brother's home near Vandalia, Illinois.

As said before, the season was in mid-June, and all nature was in its best dress, so to speak. Wheat was ripening, meadows were a dark rich green, corn was knee-high, orchards were loaded with rich promise, fat cattle and sleek horses, in pastures with blue-grass that almost reached their full bellies.

Here and there was a water-course about which and along whose banks was a fine growth of oak, hickory, ash and other varieties of timber. But whether the eye fell upon cultivated field or woodland all gave evidence of rich fertile soil that stimulated plant and tree alike, to the fullest and freest growth. All this was in direct contrast to the much thinner soil of my native land, some sixty miles to the south.

Getting back to my brother's home, I helped him in his wheat harvest and in other ways made myself useful till the month of July was near its middle, when I again mounted my horse and in due time, reached Chatham, at the close of a hot summer day.

IX.

MY FIRST PATIENTS

There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy.
—Shakespeare

I PUT up for the night at the village tavern and next morning, July 17, 1868, went to one of the two village drug stores and made arrangements to temporarily have my office there. As customers came in, I was introduced as the new physician, Doctor Johnson, and, will the reader believe it? the title "doctor" for a time seemed so unreal that it actually grated on my ears. However, as use and custom familiarizes us with most things, I finally accepted the new "handle" to my name with as good grace as I could command, for I was about to do that most important thing in a young doctor's life, set up shop on my own hook.

Meanwhile I had added to my stock of books, bought a few instruments, and a pair of saddle bags that doctors in those days carried behind their saddles on the horse's back. I procured board in a private family and, as indicated above, made my office in the rear room of one of the village drug stores. As there was no one in the little town who had the skill to paint a sign for me, I proceeded to cut with my pocket knife, the letters of my name from pieces of cigar box, and these, when glued on a board, and painted over, looked quite artistic. No one but an expert in such things would ever have believed this to be the work of an amateur.

I shall never forget my first patient, his name was Phelps, and he had hematuria, and received a good deal of treatment from me before he finally recovered. How-

ever, for all my pains and trouble I got nothing, as he was a member of the great family of Dead-Beats, whom doctors have reason to know so well, and of whom I may have occasion to speak more at length, further on.

A little later I had for a patient one of the leading citizens of the village, who had a severe attack of facial erysipelas, which threatened to be serious and in consequence, it was thought advisable to hold a consultation. By request, of the friends, the consultant called in was the late Dr. B. M. Griffith, of Springfield, whom I then met for the first time. He was a handsome, well dressed man and was fully entered upon his successful career. He examined the case carefully, talked it over with me, and from beginning to end, strove to do what consultants do not always do, namely, to have my patient and his friends have confidence in me and my methods.

At that period the standard treatment for erysipelas, was tincture of iodine locally and tincture of iron and quinine internally. In due time my patient recovered, and unlike my first case, I received due reward for my services.

In 1868 practically no young physician just beginning practice had any "finger-point" knowledge of the art of obstetrics. This hiatus in the accoucheur's art on the part of the young physician was due to the fact that in that day very, very few medical students had the privilege of acquiring hospital experience and the training under a preceptor, which had so long been in vogue, was going out of existence. As to myself, although I was not an M. D. yet, I had followed instructors through hospital wards, both in Chicago and St. Louis and furthermore, saw many cases with the physician whom I deemed my preceptor. But, nevertheless, when I went on my first obstetric case, after beginning practice I was as lame on the practical side as can well be imagined.

It was a perfectly normal labor; the infant came in

the world with a hearty effort at crying, but the placenta was not so accommodating,—for it "stuck." I made some uncertain, dubious efforts at extraction, which proved to be ineffectual. Meantime, there came in my mind what I had read about adherent placentae, and the thought came that, maybe, I had that complication to contend with, so desiring to be on the safe side, I suggested to the husband, that a difficulty had come up in the case that required counsel. He at once "caught on," got in the saddle and rode quickly as his horse could carry him to Chatham, some three miles distant, and in due time came back, accompanied by Dr. Wright, a veteran in the all-around work of the country practitioner. He promptly got ready "for action," by washing his hands, pushing up his sleeves and a moment later the placenta was delivered as easily, seemingly as a ripe cherry could be relieved of the stone in its interior. Naturally, I was somewhat chagrined, but I think Dr. Wright was generous enough to assign by shortcomings to the inexperience which attends every young doctor upon his entrance into practice.

It was a warm day in August and noontime had meanwhile arrived, and with it a table loaded with a typical farmer's dinner. This included roasting-ears, new beans, new potatoes, fried chicken, cake, two or three kinds of fruit, and peach-cobler, with rich cream and sweet milk in plenty. Any chagrin or mortification that I had suffered from an hour previously, did not prevent my doing ample justice to the appetizing food on this thrifty farmer's table.

In another way my next labor case caused me as much or more embarrassment than the one narrated above. After I had reached the home of the parturient woman, and made a digital examination, a man called at this house, and asking to see me, said that a member of his family was in need of the services of a physician, and as he lived but one mile away, would I not go to his

home and minister to the wants of the afflicted one? The thought of "killing two birds with one stone" came before me as a pleasant vision, and I decided to go to the bedside of my parturient patient and ascertain how fast her labor was progressing. How capable with my lack of experience I was of finding out the fact in question, I will leave to my reader to imagine. However, I jumped to the conclusion that I would have time to make the desired call before my services would be required in the labor-case.

Well, I made the call, which was *never paid* for, returned and upon going in the house, whom should I find at the bedside, and doing the duty of an experienced accoucheur, but Dr. Wright! The family and friends very soon after I had left the house to visit the second patient, realizing that labor was fully under way, despatched a messenger for the older and vastly more experienced physician, and he came promptly and rendered the aid I should have remained and given. To say that I was badly "put-out" with myself, but half expresses the truth, for I then and there voted myself an ass of the "first water."

Both of these patients Dr. Wright had kindly sent me. A little later he sent me another, and when I was mounting my horse to go to it, he said, "Now, Dr. Johnson, stay by this case till all is over, and don't let anything short of a cyclone coax you away." I heeded his advice and with the help (and truth compels me to acknowledge), advice and instruction of some good women who knew much more of the practical side of obstetrics than I did, got through all right, and returned home feeling that I was making some little progress in the accoucheur's art. The old saying has it that "the third time is the charm." Well, it was not till I had my third obstetric case that I had found the knack or mother-wit, to acquit myself with any degree of credit whatsoever. However, in the end, I proved in some degree, an apt

learner and for a young man, came to be somewhat popular as an accoucheur, mortifying and discouraging as had been part of the way which led to this much-hoped-for goal.

In that period, medicines were administered in much less attractive form than came to be the case later. Tablets as we have them today, were wholly unknown and pills were vastly less in evidence than now. Indeed, most medicines were given in powder form and the bitterness and other objectionable gustatory qualities of the drug were deemed unavoidable features attending illness. Quinine, always administered in powder form, was not only used very, very much more frequently than today, but was furthermore given to the individual patient in much larger quantities than is now the custom. For this relative free use of that drug the general prevalence of malaria in that era had very much to do. Here let it be said that while malaria, like the poor, we had with us always,—yet most physicians overdid the recognition of this disease. To such an extent was this carried, that in theory it became a component part of almost every other ailment, such as malarial-neuralgia, malarial-headache, malarial-pneumonia, malarial-rheumatism, malarial-spasm, malarial-meningitis, etc. Indeed, as a compound of *itis,* malaria was made to reach and cover almost every tissue and location in the body. At one period puerperal peritonitis was believed to be malarial at bottom and in consequence, large quantities of quinine were given for that disease,—sometimes as much as twenty grains at a dose were administered in this ailment. Moreover, it was once believed that this drug was a sovereign remedy in practically all forms of septicemia. Finally, when a trouble was obscure, physicians were wont to call it malarial—malaria *latent* in form. Much too often malaria served as a kind of blanket to cover up the diagnostician's ignorance.

Old standard drugs, such as tincture of iron, Hoff-

man's Anodyne, sweet spirits of nitre, opium in the gum, camphor, ipecac, cream of tartar, tr. of opium, paregoric and more of this kind were in vastly more common use than now. Drugs of this class were (and are) dependable and I can but believe that physicians are neglecting them in favor of many things of doubtful value.

Of vastly more frequent use than now were poultices of flax-seed (pulverized) in "gatherings" (infections, as we now say), and every old-time physician will testify to the great relief afforded. Poultices, so-called, of hot mush were applied with seeming great relief in pneumonic and pleuritic cases. Mustard as an external irritant, or rubefacient was used in many lung and bowel troubles of a painful character. A favorite method of using mustard was to spread a layer of hot cornmeal mush on a cloth and "face" this with mustard, that is, sprinkle ground mustard over its surface.

With the coming of the fall months I had a number of cases of malarial fever, of which in those days, we recognized three forms in practice. First, intermittent fever, commonly referred to as chills and fever, in which a paroxysm might occur every day, every second day or every third day; usually, however these came on alternate days.

Second, remittent fever, usually called bilious fever, in which the attack came on with severe headache, aching in the legs, vomiting and high fever. The fact that the vomiting was nearly always attended with the evacuation of bile, secured for this disease its common name bilious fever. This form of malarial fever lasted several days and sometimes approached two weeks in duration. An attack always left the patient very weak, greatly reduced in flesh, pale and anemic.

The third type of malarial fever was the malignant form, commonly called congestive chills, or "sinking chills," from the fact that the patient not unfrequently

passed into a low, comatose state, from which he almost never recovered. This form of the disease nearly always came on suddenly and the patient reached a dangerous state before his true condition was appreciated, even, sometimes, by the attending physician.

For all these forms of malarial fever, quinine was the sovereign remedy. Given early and in proper doses it seldom failed to arrest the intermittent type and as promptly shortened the remittent form. In the malignant cases, if given early, it frequently saved the patient's life. But in all three of these classes there would be some that would not regain their health promptly, and as the colder fall months approached, pale, sallow anemic patients would be seen dragging themselves about with apparently the greatest effort. These were cases of chronic malarial poisoning, and there nearly always existed congestion of the liver, enlarged spleen and nephritis, which later produced anasarca, from which these patients so frequently suffered. In some cases, the spleen would be enormously enlarged and extend across the abdomen into the right hypochondrium, the well known "ague cake" of the common people. Iron, quinine, strychnia and arsenic, given singly or variously combined, were the favorite remedies in these cases, though arsenic was used charily in the anasarcous cases. Often, however, these remedies were best preceded by the use of such eliminants as calomel or podophylin, which moved the bowels and at the same time were thought to stimulate the functions of the congested liver.

With the coming of the winter months I was called to several cases of pneumonia, the real thing, if I may so speak, cases of what today we call fibroid or croupous pneumonia, in which the affected lung becomes as dull as a board, and real tubular breathing can be heard. I have never been able to say why, but during the two and one-half years that I practiced in this locality, I

saw more cases of this form of pneumonia than I have in my many years of practice since. They were all taken in much the same way. First chill, a pain in the side, short breathing and a dry cough. The finger applied to the pulse would find this quickened and the ear over the chest would detect the sibilant rale; meantime, the skin would be hot but the degree of this could not be definitely known, for the fever thermometer was not then in general use. Later would come free expectoration, a moistened skin, and, if the case progressed favorably, more comfort to the patient generally. These cases were commonly called lung fever by some of the laity, and winter fever by others. As said above, as the cases progressed, especially the worst, the affected lung would become as dull as a piece of solid wood, meanwhile the patient would raise a brown looking sputa, that the old authors likened to prune-juice, and that always betokened a very serious case. Our standard treatment was Dover's Powder and Quinine. We also gave expectorants, laxatives and other eliminants as needed, and invariably used large poultices on the affected lung. Under this treatment most of our patients recovered. To tell but the simple truth we then had better success in the treatment of pneumonia than the most skillful have today. Will some of our ultra-scientific wise ones tell why?

As time went by, I came to have a few cases of typhoid fever, none of which, however, were as typical in character as the books had led me to think I should find them. Indeed, not a small number of the cases were so mixed in type as to seem especially fitted to come under the designation that Dr. J. Janvier Woodward, of the United States Army had but recently coined: namely, *Typho-Malarial fever.* It will be recalled by the older physicians that during the campaigns of the Army of the Potomac on the Chickahominy River, during the Civil War, these mixed types of fever were encountered

in such large numbers as to attract the attention of Dr. Woodward and induce him to write a monograph in which the above-named title for the disease was given to the world.

For this, he has since been subject to some criticism, and it is quite possible, a very great many cases were for years, called Typho-Malarial Fever, that were really typhoid. Nevertheless, I can not be mistaken in believing that many cases I saw in the first years of my practice, when malaria was prevalent, were mixed in type. The cases designated as true typhoid did not receive anything like the care in diet and nursing that they do today; nevertheless, the great majority recovered. I suppose this was because the disease in those days was milder in type, or else the patients had more endurance. Of course, I do not care to say we were more skillful than are our successors today.

Turpentine emulsion was a standard in typhoid fever, and other drugs were used as indicated. While I think of it, I will make the observation that constipation was more frequently present in the cases, forty-odd years ago, than it is today. The diagnosis of typhoid in that period, I now look back upon as especially beset with difficulties as cases of this disease were particularly liable to be confounded with one prevalent type of malarial fever, namely, bilious or remittent fever (the aestivo-autumnal fever of today). Of course, the sudden onset of the malarial type, with its attendant high fever, sick stomach and severe aching of head, back and legs were characteristic, but unfortunately for the peace of the diagnostician, the inception of some of these cases was comparatively mild, while per contra, the beginning of some typhoid cases was exceptionally sudden and severe. In such instances, anything like an early diagnosis was simply impossible. (Widal's test had not so much as been dreamed of then). Furthermore, the clin-

ical thermometer which we today rely upon as an indispensable aid to diagnosis, was then not in use.

We were compelled to drag along for a time in the dark, as it were, a thing not always easy to do, particularly in the case of a young man, (myself), who so far from having a doctor's good fortune to be born with an imperturable face, had been doomed by nature to at all times, wear a most embarrassing, tell-tale countenance. When finally the case, after dragging along, plainly became continued in character, it was the custom of some doctors to explain to the friends that the case had "changed into typhoid," an explanation that in many instances "made good" as the slang of today goes, and satisfied all concerned. Others, too proud to adopt such means for getting out of the difficulty, either frankly confessed their confusion, or else held their tongues, "looked wise" and breasted the storm as best they could. It was these seemingly simple, yet really confusing cases that often gave the young man his first "black eye" from a professional standpoint.

Before I had been in practice a year, I met my first case of puerperal fever. Labor was completed before I arrived on the scene, as the patient lived some miles in the country. I became greatly interested, followed its progress closely and meanwhile read and re-read all the literature on the subject I could lay my hands on. The disease followed the usual course. First a chill, then a high fever, pain in the bowels, tympanites, peritonitis, a dry tongue and the usual accompaniments of septicemia. The case dragged along; I treated it according to the best authorities of the day, had two or three consultants at different times, but its course was steadily towards the grave, where such patients nearly always speedily found their last resting place. As said before we did not understand the true nature of this disease, and such prominent authorities as Meigs and Hodge,

both of Philadelphia and shining lights in the obstetric world, steadily and persistently maintained that it was not contagious. This too, in the face of the fact that the brilliant Dr. Oliver Wendell Holmes had more than twenty years before demonstrated its infectious nature, but these men and practically none others of prominence in the profession, would receive this medical gospel from so wise a prophet who, unfortunately for womankind, was compelled to wait many years before the truths he had proclaimed, were adopted and their teachings put in practice.

As I now look back at this, my first case of puerperal fever, I can see no reason to make me think that I was the infecting agent, a thing I would be glad to be sure of in some of my subsequent experience, and in which last I would be more than happy could I definitely prove an *alibi.*

I had not long been in my first location till I began to hear a great deal of the skill and success of a practitioner of medicine in a neighboring village. Being at this time so new upon the medical stage that I had scarcely "cut my eye-teeth," in the professional way, I was naturally interested in all that was said about one so capable, hoping thereby to get some suggestion that might possibly help me in making my own career more successful. I learned one day that this physician, of whose skill I had heard so much, had come to our village on some errand, not of a medical character, and I took this occasion to meet one of whom I was curious to have answered the question:

> "Upon what meat doth this our Caesar feed,
> That he is grown so great?"

Judge of my surprise when I found the person so much talked of to be a thick-set, leadened-faced man, utterly besotted with long drinking. Later I learned that such was the faith of some of his country patrons

in his skill that they were not in the habit of waiting for the spree to go off, in which he might be found, but putting him in a wagon would haul him, like a dead hog, to the home of the patient where time would be given him to sober up when he would be taken to the case, his diagnosis received with the greatest confidence, and his treatment carried out with absolute faithfulness.

For a time I had board and rooming privileges in the home of a prominent citizen by the name of C. B. Smith. This man in certain particulars, was a unique character. He was a very popular and successful business man in the community, and for that time and place, had an elegant home and attractive surroundings. His family consisted of a wife and a five-year-old daughter, and furthermore, his brother, a man about forty years of age, made his home there. A well trained Irish woman did the cooking and kept the table well supplied with edible food at each of the three daily meals. A faithful Irishman kept things about the yard and barn in apple-pie order.

Mr. C. B. Smith, my landlord, was at all times well dressed and was a courteous, suave, gentleman, kindly disposed to everyone. He had excellent literary taste and in his sitting-room was a well-selected library, in which only appeared the works of the best authors. At the close of each volume was the date when it had been read through by its owner,—as he always promptly read a book immediately after its purchase. But Mr. Smith's reading was by no means confined to his own private library; once or twice a week he boarded a train on the Alton and Chicago railway, went to Springfield, ten miles away, and at the City Library got a number of high-class books, brought these home, read them, and procured more as his desires and literary taste indicated.

In the fullest sense my landlord was a lover of good books, and reading these and thinking over their con-

tents made him a very intelligent, and to a degree, a cultured man. Talking with him and seeing how much satisfaction he got from reading good literature, was a most useful object lesson to me. I had, since a school boy, a taste for good books, but my three years of army service, and the nomadic life I had since led, afforded little opportunity for gratifying this. My association with my landlord had the effect to thoroughly revive and invigorate what up to this time was little more than a dormant love of books. Since that winter, which I spent in the home of C. B. Smith (now nearly sixty years in the past), I have devoted no little of my spare time to the reading of good books and the better class of magazine articles. And for this, I can but think I am the better, and am very certain I have been all the happier. Meantime, I have grown into a confirmed *bibliophile*. I agree perfectly with Sir John Herschell when he said, "If I should pray for a taste, which might stand me in stead under every variety of circumstances, and be a source of happiness and cheerfulness through life, and shield against ills, however things might go amiss and the world frown upon me, it would be a taste for reading."

But sad to have to relate, there was another side to the life of my suave, kindly, cultured landlord; he was a *periodic*, and about once in two or three weeks, he would get on a drunken spree. At such times the usually intelligent countenance would wear a silly smile, the correct dress would show every evidence of neglect; the kindly, soft spoken word would become harsh, and the cordial greeting changed to a rebuff.

Fortunately for all concerned, when on one of these sprees a night's rest would work an almost magical change in the condition of my landlord and next morning he would appear at the breakfast table, neatly dressed, cleanly shaven, in immaculate linen and with his usual amiability and gentlemanly manner.

Sometimes during these drunken fits he would be seized with hallucinations. One evening upon returning to my boarding place I found him just within the front gate with a shotgun on his shoulder and pacing to and fro. He seemed excited and said there were robbers about and before he would permit them on his premises, they would have to step over his dead body! Fortunately, Mr. Smith's brother appeared and in a little time succeeded in getting hold of the gun, which was found loaded in both barrels.

As, during my then recent service in the army, I had seen enough of armed men to do me for a time, I concluded it better to change my boarding place and thus part company with my usually very agreeable, but sometimes very disagreeable landlord.

Meanwhile, Mr. Smith's dual life ran its course. He attended to his business affairs, read good literature, greeted his friends and acquaintances and for the most part, enacted the part of an exceptionally agreeable gentleman. Then came his fit of periodical drunkenness, fortunately short, when too often he was more hog than human.

One November day, about a year subsequent to the above experience, I was called to see Mr. Smith professionally, and upon reaching his bedside, I found him with a burning fever, which had been preceded by a hard chill, headache, and a "stitch" in his side. He soon developed a very serious case of pneumonia, and in spite of my best efforts, grew steadily worse with short breathing, rapid pulse, prune-juice expectoration and some delirium. The best consultant available was called in and while this was helpful in more ways than one, no permanent relief was obtained, and it soon became evident that death was inevitable. I was present when he died, and just before the end, his pallid features, prominent eye-balls and gasping for breath were all indelibly photographed on my memory. The moment

before he expressed a desire to raise up in bed for a bowel-movement (bedpans were not yet in use), and was raised to the half-sitting position, when feeling much worse, he was leaning on one elbow; he gasped several times, then with the words, "I can't, I can't," dropped back on his pillow and all was over.

He was the most prominent, and, in spite of his appetite for drink, and at times unseemly indulgence in this, he was by far the most beloved man in the village; consequently, his serious sickness was the cause of much anxiety and in passing to and fro, I was beset with no end of anxious inquiries. Towards the latter part of the second week of my patient's illness, some of the older citizens observed that now, that the ninth day had passed with no improvement in the case, death would almost certainly be the result. At this period the most advanced medical scientist had no thought that pneumonia was an infectious and contagious disease and that it had a regular course to run, and was hence a self-limited ailment. Thus in a sense, the common people of that time were to a degree ahead of the profession in indirectly rating it as self-limited, which the nine days time allowed a patient for improvement, in effect did.

In the many years I have engaged in practice, I have had all sorts of cases, and patients in all conditions in life, but I cannot recall one among them all whose life, final illness and death interested me, on the whole, as much as was the case of my old landlord, the courteous, gentlemanly, book-lover, the popular citizen, the successful man of business, and finally the drink addict.

When I first located at Chatham, I realized that on the social side, I was lame. While yet in my nineteenth year, I enlisted in the Union Army, serving till the war ended three years later, and for three years following, indeed, up to the time I went to Chatham, I was here, there, and elsewhere, but in all places not in touch socially. The result was that when I began practice I was

an awkward, timid, unsophisticated stripling, and as bashful as could well be imagined.

Not long after I began practice, I heard a great deal of old Dr. Lewis, who a few years before, had passed to the Great Beyond, and whose son, Dr. Charles H. Lewis, was the "young doctor" who was referred to during my first visit to the village, and whose removal to the West left the vacancy I was trying to fill. Besides the young doctor, there were two sons, a daughter and a widow, left behind in the family, when the older Dr. Lewis died. One day while I was in the drug store, where I had my office, an attractive young woman came in and made a purchase. When she had passed out the druggist said, "Did you notice that young woman?"

"Yes," I answered, "I did, and I liked her looks."

"Well," said the druggist, 'that was Dr. Lewis's sister."

I said little, but began to do some thinking.

Some months later I noticed two very neatly dressed and nice looking young women with Miss Lewis, passing to and fro about the village, and shortly after a handsome young man came in the store, whom the druggist recognized and introduced as Dr. Lewis, my immediate predecessor and who had come from the West on a visit. Two or three days later he approached me, and after a moment's conversation said, 'By the way, the folks at the house are going to have some company tomorrow night and asked me to invite you." I thanked him and said that I would be pleased to respond, or words to that effect.

After my caller had gone, I realized that I was without proper clothes to go out among refined people, and worse yet, I was short on the money side. But thinking I must have something fit to wear, I went down to the village store, which happened to have on hand a 'hand-me-down" suit of black cloth that fitted me indifferently well. I frankly told the merchant I would have to be

credited for a time if I took the suit and he very kindly obliged me. When the hour approached for the party at the "Widow" Lewis's residence I carefully went over with a razor the thin growth of beard on my face, put on my best "boiled" shirt and nicest tie, got into my new "store-clothes' and pulled on my specially well-blacked boots. Then, after brushing my hair carefully, I put on my hat and started for the Lewis home, and after arriving at the door I tremblingly made my presence known by a timid hesitating knock. The door was promptly opened by Dr. Lewis who greeted me with a hearty handshake, took my hat and then, taking my arm, led the way into the parlor where, among others to whom I was presented was his sister and two other attractive young ladies, his cousins from Massachusetts. These were the young ladies I had seen in company with Miss Lewis and who had come West to visit their relatives. Their dress was up-to-date and they were good looking and nice in every way. Dr. Lewis was a graduate of Yale, handsome, and several years my senior, and in his every movement was grace and ease. By comparison I could but realize that I was awkward, ill-at-ease and immature looking.

But somehow, someway, I managed to live through it and at the end, reached home none the worse for my experience, save the mortification for the figure I could but feel I had cut.

In a little time Dr. Lewis returned to his new home in the West; and before long his charming cousins, Miss Florence and Miss Katie Lewis, returned to their New England home. Of the Miss Lewis of Chatham I inwardly resolved to see and know more, if possible. I could but feel that she was worth knowing; she was attractive in person, and her father had long served his community as its best physician and, moreover, was recognized as its leading citizen. Her mother was an educated woman, and many years before had come West

to teach in an Academy at Jacksonville, then called the "Athens" of Illinois.

I "screwed" up my courage and from time to time for the purpose of engaging her company, to such simple functions as the village afforded, would write little notes to Miss Lewis. One of these was at the Baptist Church, and later I learned from her lips that instead of a "p" in the third letter of Baptist I had inserted a "b." How and why she should be free enough to tell me of my mistake in spelling, will appear later.

I think I have referred to the fact that when I found my cousin teaching in Chatham he had just married a young wife, who a year later became the mother of a fine boy. Later I had the privilege of "bouncing" this boy-babe on my knee, little dreaming that he was to become a member of Congress from the Third Washington District, and later "make good" as chairman of one of the most important committees, namely, immigration.

Since the above was written Congressman Johnson after giving the matter a great deal of study and investigating its many phases, matured an up-to-date Immigration Bill, introduced this in Congress in 1924, had the satisfaction of seeing The Johnson Immigration Bill pass both Houses and receive the signature of President Coolidge.

X

HOW PEOPLE LIVED IN THE SIXTIES AND SEVENTIES

Along the cool sequestered vale of life,
They kept the noiseless tenor of their way.
Gray.

POSSIBLY some of my readers are curious to know how people lived in the Civil War Era, and in the years immediately following, and in a brief space I shall endeavor to show this. Those who were accounted well-to-do, whether in the country or in the villages, for the most part lived in two-story frame-houses, usually with a porch across the front, an el in the rear, containing a dining room, kitchen and back porch. The front door opened into a hall, upon each side of which was a room, and from which led a stairway reaching a hall and two rooms above. These houses were nearly all painted white with green window-blinds,—all unblemished by coal-smoke, smut and dirt incident to the burning of coal, and which was obviated by the fact that practically everyone burned wood. Most of the creeks and branches were heavily fringed with timber which afforded an abundance of firewood for the trouble of chopping down, hauling and finally cutting into firelengths. For the most part, fireplaces had been displaced by box-stoves. A large heating-stove was used in the sitting-room for general warmth in winter and a smaller stove had a place in the parlor in which a fire was kindled when there was company and upon other special occasions. With the coming of warm weather all the heating stoves would be taken down and put in a dry place till needed again. Taking down stoves was relatively an easy job, but put-

ting them up on the approach of cold weather often tried the patience of the men-folks, mainly for the reason that the stovepipes had grown cantankerous and often refused to go back in place. In doing this "chore" I am afraid that *pater familias* often used language he would not have wanted his Sunday school class to hear.

As no fire in the bedrooms was the rule, gettting in bed in zero weather between two ice-cold sheets was almost like taking a cold bath; and of mornings getting out of a warm bed into a cold room, was always attended with a sense of dread. Most of the beds were of ticks filled with feathers, under this was another tick filled with straw and all rested upon a small rope crossed and crisscrossed many times from rail to rail. After a little use the rope would stretch, the bed would drop down in the middle and when occupied by two persons, the tendency was for them to roll and lodge against one another in the center. Later slats displaced the bedcord and many of the inconveniencies of the last-named were obviated. Later still came mattresses as we have them today and soon thereafter ticks of feathers and straw became things of the past.

When the fires died down of nights in cold weather the careful housewife saw to it that no water was left standing in pitchers and other fragile vessels lest these freeze and burst. Not unfrequently apples, potatoes and eggs were overlooked and left in the pantry and next morning would be found frozen. The better houses had under them cellars in which were kept all kinds of vegetables and likewise apples and fruits. After the Civil War Era canned fruits largely displaced the dried apples and also the preserves.

Speaking of fruits, nearly every house had about it cherry, peach and pear trees and likewise an apple-orchard, the last large or small as suited the choice of the owner; and all these bore abundantly, for the various

insect-pests so destructive today were then very much less in evidence. With the disappearance of wild black berries, wild strawberries, wild plums, etc., people began to cultivate these in their gardens and about their homes. But notwithstanding the abundance of fruits of one kind and another, much more meat was eaten in that day than in this. Nearly everyone kept chickens, some of them turkeys, and practically all fattened hogs and had one or more cows. These conditions very generally obtained in the villages and that they did in the country, goes without the saying.

Few homes in the villages were without one or more horses, and as the barn was in most instances near the house, the flies, which found an ideal incubator in the stable manure, fairly swarmed in the kitchen and dining-room. But strange to say in some quarters flies were yet regarded as scavengers and for this reason deemed the friend of man, rather than one of his worst enemies as is known to be the case today. Even medical men esteemed flies as essentially harmless as the following from an up-to-date physician in the early eighties will show.

"Go throw the shutters open wide and lift the windows high.
Let out the silence and the gloom, let in the jolly fly—
I'm weary of this stale repose, and long to hear again
The sweetest sound of all the year, the fly upon the pane.
I long to see him bobbing up and down the sill and sash,
I long to feel his tickling feet upon my soft mustache.
Then throw the shutters open wide and lift the windows high,
Let out the gloom and silence, and let in the jolly fly.

"Oh the old house-fly! Oh the jolly house-fly!
A-straddling o'er the butter-dish, a-sprawling o'er the pie
A-jogging thro' the jell and jam, and jouncing round the cream
As prone to risk a summer sail upon the milky stream;
A roving life the rascal leads thro' all the rosy hours,

A-sipping only of the sweets and skipping all the sours.
Then throw the shutters open wide and lift the windows high,
Let out the gloom and silence, and let in the jolly fly."

In the early seventies people began to realize that the fly was a great nuisance and meantime some ingenious benefactor of mankind invented wire-screen and began to put it in their doors and windows. However, it was not till late in the nineties that the world came to realize that the house-fly was one of the worst of disease carriers; and because it not unfrequently transports typhoid fever it has most properly been re-named the *Typhoid-fly*.

People in more moderate circumstances lived in houses of two rooms, one in front and a lean-to with a shed-roof in the rear. Here and there along the streams in the timber could be found log-cabins in which people were living in as primitive a way as did the earliest pioneer. This included cooking the meals on the fire-place-hearth, all sleeping in one room and carrying the water from a spring a long distance, or maybe dipping it from a nearby stream.

However, the great majority of people lived in relatively comfortable frame houses and had about them fairly well-kept lawns, though the lawnmower had not yet come in use. But in that period practically every home had its three regulation holes, namely, the cellar, the well and the excavation beneath the privy; and too often for the best sanitary results these holes were much too near each other. In the spring, with the coming of heavy rains, the cellar would often be flooded with water and this would be contaminated with spoiled potatoes, rotten turnips and apples and maybe decayed cabbages, and what the over-flowing privy vault contained need not be specified. That the nearby well suffered from the percolations from the cellar and excavation beneath the

privy is known to all who have investigated such matters. Many years ago when I was serving as Health Officer of Champaign City I found the vilest privy vault within ten feet of a well, both of which were full of water as it was in the rainy season, and both were used by the owner of the premises. This was long before Champaign got its sewer system, while it was as yet only a big village and when practically all so-called privy vaults were simply uncemented holes in the ground.

In the late seventies the more progressive people became cognizant of the foul privy menace and, to in some degree minimize this, made use of boxes so that the contents meantime well saturated with lime, could be removed at intervals. Others built the privy over a vault, made watertight by cement.

Later soft coal displaced wood as a heat producer in which it was more effective and could be purchased for less than cutting the wood into firelengths would cost, but it had the great fault of being dirty. However, as time passed hard coal base burners were introduced and those in better circumstances began the use of these and found that while cleaner they also heated much more evenly than soft coal-heaters. That this innovation added much to the comfort of the home need not be said.

Very few people made use of ice in hot weather and the poorer class being without cellars had no means of preserving fresh meat and preventing milk from souring and butter from getting strong and going bad. From these and other causes, not so apparent, people in that day, much more than now, suffered from 'bilious' attacks and cholera morbus—practically all of which corresponds to what today we call auto-intoxication. For similar reasons infants were vastly more liable to cholera infantum.

The Civil War Era was emphatically the period when the two-horse wagon "was in flower." A new two-

horse wagon with a well-groomed and neatly-harnessed pair of horses hitched to its front was by many deemed good enough to convey the family to church, to the Fair, to the Circus or to the County-Seat. Then of course this vehicle was used for a thousand and one purposes, such as for hauling wood, corn, hay, fodder and numerous other products and commodities.

In the late sixties came the spring-wagon, a sort of open buggy which supplanted the more cumbersome two-horse wagon for conveying the family to church and elsewhere. In the late seventies the more well-to-do provided themselves with family carriages, which in turn displaced the spring-wagon. However, as late as the early seventies in certain "back-woods" districts the side-saddle for women was the chief means of transportation for such members of the family as were too infirm or too easy-going to walk.

In these same remote localities the coming in of the decade of the seventies found certain families yet living in one-room log houses and more than once I had occasion to spend long hours in this kind of a habitation in rendering much needed professional service. I recall a lying-in case that I had in one of these one-room log houses. Near the center of one end of the one room was a large open fireplace, which besides affording heat in cold weather served the family as the only place for preparing meals. In one corner near the fireplace was a walnut cupboard, which contained the dishes and the greater part of the cooking-utensils, used in the simple culinary operations. Nearby was a two-leaved table which, when opened out, served a useful purpose for the family to gather around and eat their frugal meals. One of these meals I saw prepared from its inception till it was placed on the cloth ready to be eaten. First of all a brisk fire was gotten underway till a goodly supply of red coals were produced, then these were pulled out in

front of a newly-dressed white-oak board that stood on edge on the hearth near the fire and upon which had been spread some properly-spread cornmeal dough, all in readiness to be cooked by the heat from the red coals in front. This I learned was to be a real "Johnny-cake," a most popular method of cooking corn bread in the South, and when so prepared by the natives, especially relished. Meanwhile a teakettle of water was heating on the wood-fire, on some coals on the hearth, some savory ham was being fried in a skillet provided with legs to admit of coals being placed under it. On some more coals on the hearth was a "spider," covered with an iron lid upon which were live coals. In due time this lid was removed and a well-cooked and toothsome apple-pie was revealed. On another pile of coals on the hearth was a steaming coffee pot. Meanwhile the folding-table had been put in the center of the room, a white spread put over it and on this were put the blue-edged dishes, spoons, knives, forks and tumblers. And though the tablecloth was of coarse material, knives and two-tanged forks with wooden handles and tumblers of the commonest grade of glassware, yet all were so clean and spotless, one could easily read through and beyond them the thrift and industry of the housewife who cared for all. In a little time, the Jonny-cake, ham and coffee all found their places on the table and in addition there were a number of dishes containing preserves of several kinds, jams, peach, apple and plum butter. Such was the abundance of good things that this one-room log-cabin could place before its guests.

In the end of the room opposite the fireplace and in its opposite corners, were two beds, in one of which was the wife and expecting-to-be, again a mother, consequently an obliging neighbor-woman had prepared the meal at the fireplace while two or three more stood near-at-hand to help at the bedside, table or fireplace, as the

A Doctor's Conveyance in the Sixties and Seventies

A Doctor's Conveyance in the Eighties and Nineties

need indicated. So obliging and helpful were the neighbors in that period, not to say, sympathetic.

Not more than a half mile away, but a little further in the timber and a little further down the creek, was another one-room cabin where I was once detained with the care of a patient through one night and part of the day following, and O, how different from the one just described! Dirt, grime, grease everywhere. Biscuit nearly as large as saucers and yellow with saleratus. Side-meat swimming in its own fat. Coffee that was evidently "made over" from "grounds" that had seen use, and with about the strength of normal dishwater. Finally this far-from appetising food was served on a much-used and dirty tablecloth, the dishes were cracked, some of them with pieces broken out and some of the greasy knives and forks were in part devoid of handles. People of the kind who lived in the class of cabins last described were lazy, shiftless and as they always "hugged" the streams and lived in the woods, were known as "timber-rats," and were notorious for never paying a doctor bill. Such as these were said to be "nuts" for young doctors whose patients were few, but old, established physicians were wise enough to "give them the goby."

In lieu of cellars, some people in hot weather, were wont to put their butter and cream in small tin-containers and let these down in the well, where the temperature was low, but sometimes the lid would come off, and maybe out in the well would go cream or butter, as the case might be,—this to the unsettling of the housekeeper's temper and to the temporary contamination of the water.

As to screening the house, this was sometimes imperfectly done, and in other instances became defective with time, and as a result, the wire seemed more effective in keeping flies *in* than keeping them *out*. Here let it be

observed that in that period there were twenty *typhoid-flies* (house-flies) where there is one today,—largely from the fact that the automobile has displaced the horse in no small degree.

Kerosene for lighting purposes was introduced just prior to the outbreak of the Civil War and a little later fully displaced the tallow candle that had long served its purpose in dissipating night-time darkness, to a degree at least, in most homes. Coal oil lamps and chimneys properly cleaned gave a satisfactory light, but when neglected and the lamp allowed to become greasy and chimney permitted to become clouded with dirt and grime the light diffused was correspondingly disappointing. One objectionable feature of coal-oil lighting is the characteristic kerosene smell at all times given off, but which the thrifty housewife, by the exercise of care and cleanliness always managed to reduce to a minimum.

Working hours were much longer than is the case today. On the farms in the working season the men often worked fourteen hours out of the twenty-four and the women sixteen! Indeed, in the fullest sense, these people "slaved" as some very aptly expressed the situation, who were fully cognizant of all that was involved.

Amusements were few and simple and Sunday-visiting was much in vogue and served to, or in some degree, relieve the toil and tedium of the previous six days. Going to meeting on Sunday was a distinct "let-up" to those in the country. It gave the opportunity to meet friends and neighbors, all of whom wore their "good" clothes, and came in their best vehicle, whether this was a newly-painted two-horse wagon, a spring-wagon, or a top-buggy, and of course it was an especial satisfaction to the religiously inclined.

XI.

I CHANGE MY LOCATION AND FIND WORK AMONG THE PIONEERS ON THE PRAIRIES

Is there no balm in Gilead?
Is there no physician there?—JEREMIAH.

AFTER practicing my profession in Chatham about two years I became restless and decided if a tempting door opened to change my location. Some of my former patrons had removed from Sangamon County, to Champaign County, then a relatively new country, and had written to me and asked if I would not like to come where they were and go into practice among them? The suggestion induced me to pay a visit to my friends in Champaign County and make a personal inspection of what seemed to my former patrons a veritable land of promise. And a "land-of-promise" I certainly found it to be, for most of its good and substantial conveniences, and indeed not a few of its comforts were as yet in the future. A large portion of it was virgin prairie. Most of the houses on the land that had been brought under the plow were simple "shacks," a one-room shanty built of up-and-down, rough, unpainted boards with a "lean-to" in the rear for a kitchen. About these, prairie grass was still growing and seemed ready to smother out the few very small fruit and shade trees that the owner had set out with hope, centered in the future. Stables for the horses were built of the same up-and-down boards and covered with slough-grass which made a kind of thatched, but very serviceable roof.

In winter weather these shacks were heated with

bituminous coal and corn cobs,—the coal hauled from the nearest railway station and the corn cobs a most abundant by-product of the corn raised and shelled on the premises. In some of the homes were heating stoves, but in many of them a cook stove was made to do double duty in keeping the people warm and cooking the food for the family.

The people, all of whom were pioneers, worked hard, dressed very plainly and lived simply, nevertheless, something about them appealed to me and so I decided to cast my lot among them and take my chances, let the outcome be what it might. Accordingly I engaged board and lodging at a large and newly built brick house on the prairie, the home of an extensive farmer, stock-dealer and trader, and which was nearly five miles from the nearest railway station and postoffice. This done, I returned to Chatham and set about making preparations for closing up my business and leaving that place. My books, trunk and other possessions I shipped by rail and my horse I decided to mount and ride across the country to my destination, something like one hundred miles a little northeast from Chatham.

Finally after spending my last evening in Chatham with "my best girl" I early one morning towards the last of January, 1871, got in the saddle, rode to Springfield, there took the road east and just at nightfall reached the village of Illiopolis, where I put up for the night. Illiopolis has the distinction of at one time being the rival of Springfield in seeking to become the State Capital. Everyone who has spent the greater part of a cold day in riding realizes that this conduces to sleep the night following. But notwithstanding this experience when my head touched the pillow that night in Illiopolis I was wakeful for a time for the reason that my mind was occupied with the thought that after all, I was maybe making a mistake in leaving Chatham and some good friends I had made there. But of course one

never knows and trusting all would be well and hoping I would find just as good ones, and maybe better, for the old adage tells us there are just as good fish in the sea as those taken out, I fell asleep and slept soundly till daylight when I hurriedly got up, saw to the feeding of my horse, ate a hasty breakfast and was again in the saddle. A little after noon I passed through Decatur when for the first time the sun came out since I had started on my journey. About sunset I reached Bement, and spent the night there. Next morning I was again in the saddle. Before noon I had reached the west border of Champaign County, passed through the villages of Ivesdale and Sadorus, then reached Tolono, where I left the road, I had for the third day been on since leaving Springfield and which paralelled the line of the Wabash Railway, and rode across the country nine miles southeast to the brick farmhouse which was destined to be my temporary home and the center of literally a country practice for nearly three years.

The season of my arrival was mid-winter and in that new country everything was as bare and uninviting as one could well imagine, but I resolved to make the best of it, and the thought of the agreeable people I had met made this seem the easier.

And now a word relative to my immediate surroundings. My boarding place, as elsewhere stated, was a large brick farmhouse in which I was given a large upstairs room for an office and sleeping apartment. The house had been recently built and was heated by a crude furnace in which only wood was burned, with the result that in cold weather the up-stairs was seldom warm enough for comfort. In a large closet that opened out of my room I kept my medicines and other furnishings needed in my work.

My landlord, a Mr. A., was a unique character. He was one of the most energetic men I ever knew, worked early and late and strove to have every one about him

do the same. He had a section of land, (six hundred and forty acres) in his home place, raised large crops of corn and oats and fed large droves of hogs and cattle. When he desired to go anywhere, or do any particular thing no weather, however cold or stormy, was permitted to prevent the accomplishment of what he had in mind.

He was hospitable and kept "open house" after the manner of Virginians of which he was one. His education had not gone beyond the three "R's" and to say that he "murdered right and left the King's English" is only stating a naked truth. However, he was bright, had a fine sense of humor, could tell a story well, and in doing so his eyes would twinkle and his face light up with enjoyment and appreciation. On a sideboard in the sitting room he always kept a bottle of whiskey and this he unfailingly offered to his guests, let them be whom they might. His table was always abundantly supplied with plain, but hearty food and no one who came about the place at or near meal-time was allowed to go away without a cordial invitation to dine or sup as the case might happen to be. For certain ones in the community who were parsimonious about the cupboard and table he had utter contempt. But while he was a hospitable and generous host woe be to him with whom he drove, or attempted to drive, a trade,—unless the "party to the second part" was especially alive to the situation and "had his wits about him." In the winter months my landlord was frequently the victim of colds; and when one of these "settled on his lungs" as he expressed it, he expectorated a great deal of frothy mucus; and this he deposited promiscuously,—promiscuously in the fullest sense of the word. Little was the difference where he might be, whether in the kitchen, the dining room, the sitting room, the parlor, or the spare bedroom, when he felt the impulse to expectorate, out it came on the floor, on the best carpet, on the walls, and, in fact the bed and table were often in danger of

this contamination. At such times his coughing fits were of aggravating intensity, especially resounding in tone and served to almost shake the house. This bronchial trouble attended him through much of the time in the winter season and all he could be persuaded to use for it was Balsam of Fir which had been recommended and which, nothwithstanding his faith in it, seemed to have no effect in the way of bettering the more persistent and annoying symptoms.

Following the medical history of my landlord it is proper to say that he lived past his three score years and ten and finally died from the results of a stroke of apoplexy.

In some particulars I find I am ahead of my story. I shall never forget my first patient after locating at the farmhouse. It was a woman who had recently been confined and was suffering with an inflammed breast. The standard treatment for such cases in that day was phytolacca decondra internally and an ointment of belladonna externally. Phytolacca it will be recalled is our well known poke root. I prescribed a tincture of the last named and this with the belladonna ointment properly applied seemed to effect a cure; at any rate the patient recovered after using the medicines. Most of the troubles I was called upon to treat were those usually incident to the winter season, such as colds, coughs, bronchitis and other lung troubles. With of course now and then a labor case. As practiced in that pioneer locality obstetrics was a very simple art, and at the risk of some repetition I will now describe it in detail.

It need hardly be said that asepsis and anti-sepsis, as we have them today, were neither understood theoretically, nor made use of practically. The trained nurse had not yet appeared on the scene and even the "practical nurse" was to all intents and purposes unknown. Two or three female neighbors came in and did what they could in the way of assisting where and when needed.

When the "pains" came to be persistent the doctor was sent for and as soon as he arrived he called for hot water and in this he washed his hands and next made a digital examination. If the os was found but little dilated he would maybe return to his office, or at any rate tell the patient that his services would not be needed for a time as the case had not progressed far enough for him to be of assistance. In the event the doctor's office was miles away the attendant remained and passed the time as best he could. Perhaps he would get his hat and go out and look at the various things about the place, such as horses, hogs, cattle, etc., or if it was in the growing season he would maybe look at the crops, fruits, vegetables and growing things generally. On the other hand if he was "bookishly" inclined he would come as near "ransacking" the house as circumstances would allow, for a possible "find" in the literary way, and sometimes he would be richly rewarded in the most unexpected ways and places. I recall once finding a nice, leather-bound copy of Irving's life of Columbus in a shack occupied by a family who had no idea whatever of literary values.

Meanwhile if the doctor was wise he would show his interest by now and then looking in on his patient and thus keeping "in touch." This leads me to say that in that day frequent digital examinations were made and were deemed harmless. We now know that the greater part of these were uncalled for and were attended with more or less risk. But the teachings of that time were different and we were expected to note the progress of the case by means of repeated examinations.

Finally when the os was well dilated and the pains became strong and regular all present realized that labor had begun in earnest and that they must act accordingly. One of the patient's hands was grasped by a woman, who held it firmly during a pain, and at the same time the patient's other hand was seized by a second woman in the same way. Meantime the ac-

coucheur made himself useful in any manner that seemed most needed. Too often, as we see it today, with his index finger, he was noting the progress of the occiput on its way through the parturient canal.

Among the means of preparation a clean sheet folded upon itself several times was placed under the patient where later fluids would appear in greater or less quantity. Under this folded sheet and next the bed, in lieu of rubber, was placed sometimes, and indeed, almost *anything,* that would absorb fluids, such as an old calico dress, an ancient skirt, a ragged quilt, and I came near saying an old horse blanket, but this would be "stretching the truth" a little, though not a great deal. In due time a cry more or less lusty would proclaim the fact that a new life had begun its existence; and at this stage it was always the doctor's duty to announce the sex of the new arrival. Sometimes when this was done a shade of disappointment would pass over the mother's face if a girl came on the scene when a boy was preferred, and *visa versa.* In not a few instances the fact developed that a name for the new-born had been selected, as James, or some other masculine cognomen, if it proved to be a boy; and Mary, or some similar appellation, if a girl.

Next the cord was cut and then the infant was handed over to one of the women to be washed with the admonition to be careful and not get soap in the little one's eyes. After the washing the cord was dressed by placing a piece of old cotton or muslin duly scorched and greased on the infant's navel and over this was pinned the binder. The youngster was now ready for its baby clothes which the mother had prepared with due care and pride. When fully dressed the babe was placed beside its mother who looked it over with a smile of satisfaction,—an almost unequalled smile of satisfaction in the event the babe was a first-born.

While the infant was being washed the doctor bus-

ied himself in removing the afterbirth, securing the desired contraction of the uterus, putting in place the mother's binder, and applying a compress saturated with a weak solution of carbolized water. This was directed to be renewed from time to time. A solution of ergot was left to secure uterine contraction in the event undue hemorrhage occurred. In case the "after-pains" were unduly severe some powders of morphine were left to be used as needed.

This done the doctor took his leave with no expectation of making a subsequent visit unless sent for. Such in brief was the manner and method of conducting a labor case in the third quarter of the nineteenth century and for an ordinary normal confinement the attendant was expected to charge ten dollars. Well, maybe this was all he earned but sometimes it seemed that he earned his fee two or three times over. Forceps were seldom used and in some instances the doctor would be detained from twenty-four to forty-eight hours.

When abortion occurred a reasonable attempt was made to rid the uterus of its contents, but to attain this, curetment was never resorted to. And I am here to testify that, notwithstanding our relative ignorance of the use of antiseptics we got better results than do the over-meddlesome practitioners of today who with their ever-ready curettes scratch, scrape and painfully denude an already wounded and sensitive surface. Later on in my professional life, more than once I have known a highly-trained and high-priced specialist come from his home in a large city and proceed to curette a poor woman who had had the misfortune to miscarry and who later had the further misfortune to go to her grave! Under similar circumstances with patients no worse I have seen in country practice patient after patient make a good recovery; and this with nothing but rest in bed and the exercise of ordinary cleanliness.

What was the degree of our success in obstetric practice? Fairly good,—at any rate most of the mothers went steadily on having child after child and these all healthy, or at least substantially so. In my practice on the prairies I can recall but two cases of puerperal sepsis following confinement, and in both instances another physician was the accoucheur. In one of these cases the house had burned down just before labor occurred and the family moved into a little old shack that happened to be on the premises. About a month after the confinement the patient fell in my hands and on my first visit I found her surroundings almost indescribably filthy; and what was worse there were no means to effect much improvement in these. The result was I was compelled to "trust to luck"; and, strange to say "luck" was on my side and after a time my patient began to improve and finally at the end of long weeks was able to sit up and in the end made a good recovery.

The second case of puerperal sepsis that fell in my hands after confinement was a large German woman whose symptoms were less acute than were those of the patient described above, but she was in bed for a long period and was months in making a complete recovery.

Speaking of Germans, there was a considerable settlement of German peasants on the prairie and their mode of living was as far as possible from sanitary. Their bed furnishings were simple in the extreme and consisted of two ticks, one of straw upon which they slept and one of feathers which they pulled over them in cold weather. To say that these ticks from use became dirty would not express half the truth, for they became vile and filthy almost beyond belief. In many instances I have seen them literally encased with black, sticky filth,—not even relatively decent dirt!

But no matter with what disease they were afflicted, nor how severely, strange to relate they nearly all recovered. Indeed, among these people with their filthy

beds and surroundings to match I can now recall but one death and that was in the case of a child with meningitis. The only way I can account for this is to conceive that these people had somehow acquired a high degree of resistance, or as we would say today their opsonic indices must have registered very high, and consequently to many things they must have grown immune.

In sharp contrast to the above I recall a German family who were noted far and near for the immaculate manner in which the home and surroundings were kept. The house was a one-room shack with a lean-to built of up-and-down rough boards, but within, the floors fairly shone, they were so clean; the door and window-cases were likewise, and the window panes were so clear and spotless as to seem almost invisible. As to the kitchen and all that came from it,—well, it was an unmixed pleasure to have meal-time fall due during the period of a professional visit.

All my patrons and newly-made acquaintances were engaged in farming. At the farmhouse where I roomed and boarded was a school teacher who temporarily made his home there. He was two or three years my senior and I soon learned that teaching was but a pastime with him and that he was engaged in the, to him, much more attractive vocation of making money. He was the owner of several farms and loaned money to such as could furnish satisfactory security. Later he finished his school and changed his boarding-place to another farmhouse. While his tastes were quite different from mine, yet being near my own age, he proved to be the most fit associate I found while practicing on the prairie. Later he removed to a part of Iowa noted for rich soil where his money-making instinct found full play and the last I heard of him he was a millionaire.

Notwithstanding the off-and-on companionship this

young man afforded me, during nearly the whole of my stay at the prairie farmhouse I was a pronounced sufferer from social starvation. There were several nice girls in the neighborhood, most of whom were several years my juniors, but while I felt kindly towards all of them I did not go out of my way to seek their company. About the only chance for meeting these people when at their best was at church, or as called in that day, "meeting." Most of the farmers' families were Methodists, or at any rate gave their adhesion to that sect. That was an era of church-building in this part of Illinois and on the prairie new churches could be seen going up in whatever direction one traveled. Indeed, these were so numerous that one could be found in about every fourth mile. There was a large barn so situated on the prairie that it was said that from its cupola no less than six of these newly erected churches could be counted in the farming country around.

I attended the dedication of one of these churches at which the Rev. Hiram Buck preached the sermon and at its close went at the congregation, "teeth-and-toenails" for the remainder of the funds needed to complete paying for the cost of the church. It was interesting to see and hear him as he asked, pleaded and literally begged for what was needed. At last subscriptions were promised till only ten dollars were lacking. In a moment a sturdy farmer arose and directed that his subscription be increased ten dollars. Before the last subscriber could take his seat a broad smile lighted up the countenance of the preacher and rising on his tiptoes he exclaimed, "Bully! Bully!"

The premises all about the hospitable brick house were fairly alive with yellow-legged chickens, which when dressed and fried, were reputed to be a favorite dish with all Methodist preachers. As the mistress of the brick house was an expert at frying chicken no one

of her preacher-guests could ever find cause for complaint on that score.

In the last days of 1873 I bade good-bye to my prairie location and a young preacher very soon after succeeded me as a boarder at the brick farmhouse.

In that day Edward Eggleston was a popular and very much read author and one of his numerous stories was the "Circuit Rider." I happened to know that my preacher-successor at the farmhouse, whom we will call the Reverend B. had just been reading with very great interest this book, then just out. One of the chief characters in the "Circuit Rider" was a crude, shrewd, forceful man and a successful Indiana farmer in pioneer days. It so happened that this coarse, sagacious hoosier-farmer, this diamond-in-the-rough, had a daughter who in her way was one of nature's queens, for she was modest, good-looking, amiable, bright and in every way winning. Well what should happen but that a young circuit rider, an especially promising man, who frequently accepted the hospitality of the Hoosier farmer, "took a shine" to his fair daughter, courted her, married her and found in her a faithful wife, a good home-maker and later on a model mother.

It so happened that Mr. A., already referred to as the owner of the brick house on the prairie, the wonderfully energetic farmer and stock-raiser, the shrewd, crude, forceful, unique character and for two years my landlord, had for his eldest daughter a sweet, modest, comely young woman. And what should happen? What should happen? Why history repeated itself not long after the young Reverend B. had read and and a number of times re-read the Circuit Rider. History repeated itself when young Reverend B. straightway made love to the eldest daughter of his rough, shrewd, landlord, —the prairie "diamond in the rough". Well the young preacher's advances were favorably received and in due course a big wedding was celebrated at the brick farm-

house on the prairie, attended by all the neighbors around. Again history repeated itself and subsequently recorded several facts among which was that the comely daughter of the rough landlord of myself and the Reverend B. made a most faithful wife, a good home-maker and a devoted mother. So it is that good old Mother Nature manages to solve some of her problems.

Later came summer with its heat and drought for there was a long period with little rainfall. The country was new and being all prairie was of course wholly devoid of forest trees and most of those which had been planted were as yet small. However, a few of the longer settled homes had about them trees which had attained some size and their rich green leaves and the cool shade they cast during the long hot summer days were almost unspeakably alluring as seated in the saddle I rode past to visit some newcomer who was sick almost to death in his little shack about which was neither tree nor shrub.

As is usually the case in newly settled countries most of the wells were shallow and with the coming of dry weather many of them failed in their water-supply. However, some of the more well-to-do already had driven-wells, hollow-iron tubes reaching down fifty to two hundred feet to an inexhaustible supply of water which was lifted to the surface by a pump driven by a wind-mill on a strong frame some twenty feet above the ground-level. Cisterns were very few and the rain-water barrel beside the kitchen door furnished an uncertain supply of soft water which too often became alive with "wiggle-tails" which later became mosquitoes, and many of them carrier of the *plasmodium malaria* with which in late summer and early autumn most of the dwellers on the prairies were doomed to be infected. But in that period the most advanced physician was ignorant of the fact that such a thing as a malarial parasite existed; and consequently never so much as dreamed that the seemingly harmless mosquito literally vaccinated its

unsuspecting victims with what later produced some form of malarial fever. Most frequently the tertian, or as the common people had it, "every-other-day ague"; the quartan, or "third-day-ague", and which one old German always called the "shree day ager." The quartan type was so rare as to be almost a curiosity. Then there was the estivo-autumnal, commonly called remittent or bilious fever. Of all these different forms of malarial fever we now know the innocent-looking "wiggle-tails" in the pioneer's rain-water barrel a little later in their life-histories, became the guilty purveyors. But of all this, as said above, patient and doctor alike were absolutely ignorant in the period of which I write.

The region of country where I had found my new location was the heart of the Illinois corn-belt and the soil was eighteen to twenty-four inches deep with a yellow, jointed clay underneath. With the breaking up of winter, the simultaneous melting of snow, ice and frozen ground, the roads in all this locality became almost impassable, indeed, not infrequently were absolutely so for wheeled vehicles. Sometimes too, after a general thaw-out it would turn cold, a light "freeze" would occur that would result in a one or two inch crust over a deep layer of mud beneath, and a rider attempting to guide his horse over this would find the animal struggling and floundering as it broke through at each successive step. When this was the condition, and an urgent call was received, the doctor would take his medicines and start out on foot, and by picking out his pathway along the fences and in the edge of the fields, would after much effort and labor finally reach the bedside of his patient. Later would come the spring-rains when the whole country, an almost unbroken level surface, would be flooded with water, and in visiting his patients the doctor would find his route through sloughs and ponds in which the water would in places come up to his stirrup straps. Again his way

would be across unbridged streams swollen out of their banks and if the doctor escaped with no worse mishap than a cold footbath he could count himself fortunate. Occasionally in the months of February and March, heavy snows would fall and the roads would fill with drifts and the way would have to be found around through the fields or by the way of some out-of-the-way lane. So much in the way of background in the country doctor's life, but fortunately his days had their lights no less than shadows and some of the former came with the soft air and warm showers of April which touched and quickened the roots of the prairie grass till these sent up tiny shoots which later grew and in due course put forth the rich, green blades upon which the herds fed and grew slick with fatness. Meantime in these early spring days the violets, cowslips and buttercups covered the earth with their rich colorings and made of the prairie wilderness one vast flower garden. All this while the farmer was busy plowing his lands and planting his crops and a little later his eyes met "the little germinating seeds, just thrusting their pale heads up through the soil, saw the clustering green shoots, numerous in the signs of plenty and all crowding together and clamoring for light, for air, and room. He saw the prevailing of the tall and strong upthrusting stalks, after the way of life, saw the others dwarf and whiten, and yet cling on at the base of the bolder stem, parasites, worthless, yet existing, after the way of life.

"He saw the great central stalks spring boldly up, so swiftly that it almost seemed possible to count the successive leaps of progress. He saw the strong-ribbed leaves throw out, waving a thousand hands of welcome and assurance, these blades of the corn, so much mightier than any blade of steel. He saw the beckoning banners of the pale tassles out atop of the stalk, token of fecundity and the future. He caught the wide-driven pollen as it whitened the earth, borne by the parent

west wind, mother of increase. He saw the thickening of the green leaf at the base, its swelling, its growth and expansion, till the indefinite enlargement showed at length the incipient ear. He noted the faint brown ends of the sweetly-enveloping silk of the ear, pale-green and soft underneath the sheltering and protecting husk. He found the sweet and milk-white tender kernels row upon row, forming rapidly beneath the husk, and saw at length the hardening and darkening of the husk at its free end, which told that man might pluck and eat. And then he saw the fading of the tassels, the darkening of the silk and the crinkling of the blades, and there borne on the strong parent stem, he noted how many full-rowed ears, protected by their husks and heralded by the tassels and the blades: "Come, come ye, all ye people! Enter in, for I will feed ye all!"*

> A song for the plant of my own native West,
> Where nature and freedom reside,
> By plenty still crowned, and by peace ever blest,
> To the corn! the green corn of her pride!

Bordering the prairie on the east was the Embarass, familiarly called the "Ambraw" River a little larger than the average creek, and both banks of which were skirted with timber. On the western edge of the prairie was the Kaskaskia, commonly called the "Okaw" and of much the same size and character as the "Ambraw" a number of miles to the east. Like its neighbor stream both of its banks were heavily timbered. In this wooded region were a number of "timber-rats" or "squatters" who lived in one-room log cabins with half a dozen or more children, as many dogs of miscellaneous breed, though one or more was sure to be a yellow deer-hound. The head of the family was usually hatchet-faced, with long upkempt hair and whiskers, sallow complexion, an unwashed face and hanging to and about his usually

* Emerson Hough.

long, lank form, was an ill-fitting suit of faded butternut.

The wife and mother was more often than otherwise tall, slender, with untidy hair, a tired, woe-begone countenance and with an old faded calico dress clinging to rather than fitting her ungainly form. Fortunately for the country, progressive farmers on contiguous prairie land bought out these "timber-rats" and they "moved on." No doubt the growing scarcity of game and wild animals made these people all the more willing to sell out, for hunting and trapping had furnished them most of their employment and from it they derived the greater part of their income. The more thrifty raised a few acres of corn on "cleared" land and this supplied meal for their "lodgers" and feed for a few hogs. Meantime the "range" all about afforded grass for a cow and a few sheep. The wool from the last was spun and woven in the cabin into jeans and linsey-woolsey. In an earlier day possums, raccoons, wild turkeys, deer and squirrels were found in the timber in greater or less numbers. Meantime prairie chickens were in great plenty on the prairie and quail were found everywhere. After I came to Champaign County an occasional deer would come to the pastures in winter time and eat corn and fodder with the cattle and horses. Today save rabbits and a few squirrels, game of all kinds has practically all been banished from our limits.

XII

AGAIN IN THE AMPHITHEATER

Men must be taught as if you taught them not,
And things unknown proposed as things forgot.
Selected.

AS I had now rounded out three years of practice while still an undergraduate it seemed that the time was ripe for me to attend a course of lectures and finish my education—that is, finish it in a sense, for a right thinking man is always a learner and from this standpoint, should never regard his education complete. As I now lived within one hundred and thirty-five miles of Chicago, I made up my mind to visit that city, to spend the winter of 1871-2 there, attend a course of lectures at one of its two leading schools, namely the Chicago Medical College and Rush, and as I had recently formed some friendships that led me to regard the last named school in a favorable light, I made up my mind to sit on its benches during the ensuing course of lectures.

Accordingly, with this object in mind, I began to make my arrangements to get all in readiness, so that when the longed-for time came for me to make my contemplated trip to Chicago and matriculate at Rush Medical College, there would be no hitch or break in my plans. Of course, as always in the career of a struggling young country practitioner of medicine, the paramount question to be considered was the financial one. Consequently, I set about collecting up bills closely and finding I was on safe ground in this direction, felt comparatively easy and patiently waited for the time of my expected trip to come round. However, as things turned out, I was unexpectedly delayed on account of a patient

I had on hand, but after a little circumstances were such that I could leave and I was ready to go to the railway station and board a train for Chicago when, like a flash of lightning from a clear sky, came the news that that city was on fire and was likely to be all consumed! Two or three days later, word came that the flames were subdued, but not till a large portion of the city had been reduced to ashes. Of course, thus I found all my plans disconcerted and in my particular case, history had repeated itself, to an extent at least, as the following will show. In the autumn of 1867 I was planning to go to Chicago and matriculate at the Chicago Medical College, attend the winter course of lectures in that institution and in the end, possibly get my name on its list of Alumni, but my financial plans miscarried and I was compelled to bow to what then seemed to be the inevitable; in the autumn of 1871, four years later, I had all arrangements made to go to Chicago, attend a course of lectures at Rush Meidcal College and in the spring maybe have the good fortune to be enrolled among its graduates. But,

> The best laid schemes o' mice an' men
> Gang aft a-gley,

and the Fates seemed to have decreed, for the time being at least, that I go elsewhere than Chicago to get my medical degree.

It was under these circumstances that, after due consideration, I concluded to go to Cincinnati and attend the winter course of lectures, given at the Medical College of Ohio. One bright morning, I parted with my good country friends, bade goodbye to the prospects of long rides and hard trips over the country during the ensuing winter, drove to the railway station, took an Illinois Central train for Odin, Illinois, a crossing on the Ohio and Mississippi railway, where I boarded a

train directly for Cincinnati where I arrived just before day the following morning. The forenoon was rainy and dreary for a time but later the sun came out, as likewise did I, and found my way to the office of Dr. W. W. Dawson, who filled the chair of surgery in the Ohio Medical College. Dr. Dawson was in his prime, a thick, heavy set man, a skillful surgeon and a genial agreeable gentleman. He was about to step in his carriage and make some calls and very kindly asked me to accompany him. I recall one of the patients, a young wealthy Jew, who had sarcoma of the upper jaw, and who had already passed into an anemic, broken-down state that betokened an early death, and really, under the circumstances, much to be hoped for.

Before taking leave of Dr. Dawson he directed me to the Building of the Ohio Medical College, and going there and making some inquiries, an obliging student took me to the Secretary of the faculty, Dr. James T. Whittaker, and I matriculated as a student and paid my fees. I went at once to the amphitheater and heard a lecture on anatomy from Professor Gobrecht, who filled that chair. He was a very learned man in his department and was the American editor of Wilson's Anatomy, an English work which later was largely displaced by Gray's recent volume on the same subject. For the last named contribution to the field of Anatomy, Dr. Gobrecht, never had much use and in his lectures subsequently was constantly referring to it in reproachful terms. At this time he was perhaps fifty years of age, but was quite gray and seemed older. As a teacher, he was excessively prolix and seemed utterly devoid of the faculty of separating the wheat from the chaff, or in other words, seizing the essentials that a student should learn, while ignoring useless minutia. However, I found many students enthusiastic in his praise. Meanwhile, I wisely kept my tongue but could not help mentally contrasting him with Dr. Ford of Michigan Uni-

versity, and very greatly to the latter's advantage. As I remember it, Dr. Gobrecht spent nearly the whole winter on the bones of the skeleton. Fortunately we got a great deal of practical knowledge from another source namely, from Dr. P. S. Conner, who filled the chair of Surgical Anatomy. Dr. Conner at this time was in the prime of young manhood, gave us good instruction and always impressed me as a man especially well informed in all that pertained to both surgery and anatomy. Dr. W. W. Dawson who filled the surgical chair, was a clear, concise lecturer, never worried us with useless details that we would surely forget anyway.

Dr. Thaddeus A. Reamy had just come to the college where he was filling the chair of Obstetrics, was finely formed, very nice looking and dressed well and was a good teacher and was well liked by the students.

Dr. Roberts Bartholow was in the prime of his career and at this time filled the chair of Therapeutics and Materia Medica. He was known to be a hard student, and impressed us with the idea that he knew all about drugs and their actions that was to be known. While he was a good lecturer, his talking in the amphitheater was not as easily followed as that of some others.

Dr. W. W. Seely, filled the chair of Otology and Ophthalmology. He was well versed in his specialty, operated skillfully in his chosen field, and was in the prime of young manhood, dressed like a dude and parted his hair in the middle, a thing few men did in that day.

Dr. C. D. Palmer filled the chair of Diseases of Females most acceptably. He was a clear, forcible talker and an excellent instructor. He was in the prime of young manhood, and was at that time rather slender in stature.

Dr. Nickles was Professor of Chemistry and was a good instructor and gave interesting demonstration before the class. At this period, laboratory work in chem-

istry was not required of students, or at least it was not obligatory.

Dr. James T. Whittaker filled the chair of Physiology and though probably not then thirty years of age, was nevertheless, one of the student's particular favorites in the amphitheater. He was finely educated, a hard student, and already enjoyed a large practice and his future seemed especially promising. He was a good teacher, spoke to the point and upon occasion could make use of beautiful language. Later he filled successively the chairs of Therapeutics and Practice. He died very soon after the beginning of the twentieth century with cancer of the rectum.

Dr. James M. Graham filled the chair of Practice and was exceptionally interesting as a lecturer. He was at this time beginning to be an elderly gentleman, always appeared cleanly shaven, not then in the fashion; at all times he was immaculate and dressed elegantly. He made the impression of being a "gentleman-of-the-old-school," and was a great favorite with the students, by whom he was familiarly known as "Jimmy" Graham.

Thus it will be seen that there were ten professors in the Medical College of Ohio at this time. This school had exclusive control of the Good Samaritan Hospital and its faculty gave clinical lectures in its amphitheater regularly. We were also admitted to clinical lectures at the Cincinnati Hospital, a much larger institution than the Good Samaritan. At that period, Cincinnati was relatively a much more important city than is the case today, better built up and larger than Chicago and St. Louis. Its hospitals were much superior to those of its more western rivals.

I made it a practice to attend the sessions of the Cincinnati Academy of Medicine, where I had opportunity to listen to the presentation of able papers, the

report of interesting cases and finally their discussion by the brightest men in the city. Of the latter, in addition to certain members of the faculty of the Ohio Medical College already enumerated, I recall Drs. Comegys, M. B. Wright and W. B. Carson. Dr. Comegys was a very fine looking man and just beginning to appear elderly, and always talked interestingly on internal medicine. Dr. M. B .Wright, a veteran obstetrician, was already up in years and listened to attentively by all students. Dr. W. B. Carson was called the ablest diagnostician in the city in those days—he was not a fluent speaker, but the fact that he always had something to say and was known to be so able, caused him to be heard with due interest at all times. He also gave us lectures at the Good Samaritan.

Dr. Dawson not unfrequently operated in the amphitheater of the Good Samaritan, and while he was a good surgeon and a judicious operator, I sometimes thought him a little brusk and rough with his charity patients. I remember one day of his bringing in a man with large ulcers on both legs and below the knee, so large indeed that a great deal of the surface over his shins and calves was denuded. Skin grafting was just coming in use and it was proposed to try and heal the denuded parts in this case. Accordingly, the patient's legs were exposed, some points freshened in the denuded surfaces, some bits of cuticle snipped from the arm of a man who had just raised his sleeve for that purpose, the borrowed tissue put in place, appropriate dressings applied to recipient and doner, the latter dismissed, and the former returned to his ward. From first to last there was no preparation in the cuticle that was transferred nor in the point where it finally rested; what we call anti-septic precautions were then utterly unknown in practice. When the patient was brought in the amphitheater and the nature of the intended operation re-

vealed, a student who sat next to me whispered in my ear, "If those big patches heal over that man will die just as sure as shooting!" This was in conformity with a popular belief of the day, or rather with the day that was then passing, which taught that it was always hazardous to suddenly stop a discharge from a large surface over the denuded cuticle, be this discharge from whatever cause. Strange to say, two or three weeks later, we had an autopsy in the amphitheater, and who should the subject prove to be, but the man with the large denuded patches on his legs! If I remember rightly, in those days when little or nothing was known of practical asepsis and anti-sepsis, autopsies and operations followed each other promiscuously and as circumstances might dictate, in the one amphitheater, of the Good Samaritan. But this is not suggesting for a moment that those in authority were not fully abreast with all the medical advances of the day. Indeed, I got the impression that Cincinnati at this period was especially progressive in the medical way.

It is a sad thing that, with possibly one or two exceptions, all the men named above—my teachers and certain other leaders of the Cincinnati profession of that day—have crossed to the Great Beyond.

While attending this course of lectures at Cincinnati during the winter of 1871-2, I had two room mates, both of whom gave me occasion to never forget them. The first one whom we will call Charley Phelps, was a young man about twenty-one years of age, a fine handsome fellow who always dressed nicely. His father was a physician in good practice and furnished his son with all the money he needed. Charley, for so I came to call him, was bright, companionable, played the flute with great skill and had so many ways of making himself agreeable, that I concluded I had been especially fortunate in the selection of a room mate. Matters went on in this pleasant way for a considerable time, till one

evening Charley was not at the room to go to supper with me, did not come home after I had returned, and finally bedtime came and still he was away. I waited till a late hour, then undressed and went to bed and after sleeping for a time was aroused by the door suddenly opening and closing, with a bang, and some one at the same time giving a whoop like a Comanche Indian. At first I was frightened, but by the flickering flame in the open grate, I soon saw that the supposed intruder was none other than Charley, gloriously drunk, as the phrase goes. There was nothing to do, but to make the best of a bad situation, so I got up and spoke to him kindly and got him to lie down with his clothes on, as he was much too limp to undress. In a moment, he was snoring, and I returned to bed, but could sleep but little. When morning came I got up, went to breakfast, then to lectures, leaving Charley in bed. When I returned to the room at dinner, he had gotten up and gone away and I saw no more of him until after supper, when he was very sober and penitent as well. He talked very frankly of his besetment, saying that these fits came over him about so often and that they seemed utterly irresistible. I was very sorry for him and resolved to try to help him to reform. But later he got another drunk; and finally, one spree followed another a little too frequently for my own comfort, so I left the room to him and found other quarters. He graduated with the rest of us and I have wondered what afterwards became of him; he always insisted that drunkenness was a disease, and should be so treated.

When holidays came, the two weeks vacation was given the students, a period that made many glad, but that to me was only so much wasted time, as I was too far distant to make the trip home without incurring more expenses than I cared to, and so there was nothing for me to do but to pass the long days alone as best I could.

In due time the end of the course approached and many candidates for graduation were fearful lest they would not get through. As I had long been a student and had also been in practice several years, I entertained no such fears. Among those who were especially nervous, was my second room mate, a worthy man and very different in every respect from the above-mentioned Charley Phelps, my first room mate. This second room mate whom I will call Burton, was a man somewhat older than myself, and who had taught school a number of years. He was a good student, tried very hard, but was slow to learn and altogether had come to be muddled in regard to medicine. However, he was a man of most excellent common sense, careful and painstaking by nature and one who it seemed to me would make a good, practical physician. He told me quite frankly that he thought he would fail. The examinations were all written, each of the ten professors giving ten questions which were written on a black-board before which we took our places in the amphitheater, all duly provided with pencils and paper. In all of these examinations Burton took his place immediately to my right, and as I wrote a plain hand, he could see my answers but was of course too wise to copy them literally. I got through without any trouble and so did my room mate, and he seemed grateful for the assistance I had afforded him, and I have never suffered any conscientious strictures for having extended it. Not a great while before the close of the term, Burton got out of money, the result of being disappointed in not receiving a remittance from his friends at home. I had a little more than was needed for my immediate wants and was glad to divide with him. But time went by and still his money failed to arrive, and to meet his necessities, I loaned him further from my fast diminishing shekels. Matters continued thus till the arrival of the day, the evening of which was to witness our graduation. I had planned to start

home that same night, but between meeting my own expenses and those of my room mate as well, I now had scarcely enough to board us two days, to say nothing of paying my expenses home. I went to the hall where the commencement exercises were to occur, with a heavy heart, for I was "broke," and among strangers. In this frame of mind I approached a fellow graduate older than myself, and who was likewise a practitioner of medicine, and though I was not well enough acquainted with him to ask a favor, yet I frankly stated my case and was delighted to see him put his hand on his pocket-book and draw forth the amount needed to take me home. I thanked him with all the good grace I could command, and promised to recompense him as soon as I arrived at my home, a thing I lost no time in doing. A little later, a letter arrived from Burton, containing every cent he had borrowed from me and an expression of the regret he had felt in putting me to so much inconvenience and uneasiness, all of which goes to show that medical students in my day were frequently close run and "put to it" to meet their expenses. I have recently looked through the National Directory of Phycians if possible to find the name and address of my benefactor whose cognomen was Shackleton, but without success. Well, perhaps he is no longer an earthly dweller, and, if so, I can but think he has gone to that Better Land where all doers of good deeds finally reap their just reward. By the way, this leads me to say that in the long life I have lived, I have never yet needed a friend that one did not turn up at just the right time and place. I am something of an optimist,—more correctly,—a good deal of an optimist and long ago reached the conclusion that after all this is a pretty good old world, much as it is maligned in some quarters.

Further than this, long observation and contact with many people has led me to believe that in a very large measure, one finds in life about what one is looking

for. If one is expecting people to be agreeable, one is sure to find them so. If one is hoping to meet friends they can be found all about and in all classes. A wise man will not fail to recognize a friend be he ever so humble, black or white.

Furthermore, happiness is the goal to which we are all bound and one of the surest and most direct ways of reaching this much desired haven is to be at substantially all times usefully employed, either with head or hand. For, as Saint Benedict has so truly stated, "Idleness kills the soul."

XIII

I RESUME MY PRACTICE ON THE PRAIRIES

Trained in the holy art whose lifted shield
Wards off the darts a never slumbering foe
By hearth and fireside waits to throw.
Oliver Wendell Holmes.

HAVING received my degree at the end of the course of lectures at the Ohio Medical College, Cincinnati, in the spring of 1872 I came back to Illinois, and returned to my friends on the prairies and set about gathering up the threads I had dropped the previous autumn.

And here a brief survey of medicine as it was understood at that period, now many years in the past, may not be uninteresting. In the way of newer drugs that later found a permanent place in the physician's armamentarium may be mentioned bromide of potassium, hydrate of chloral and carbolic acid. Bromide of potassium had been in general use for several years and had about displaced such well known nervines as asafoetida, valerian, musk, etc. Hydrate of chloral was new and soon became popular as a hypnotic for which I am sure it was used much more commonly than today. Carbolic acid was almost the only local remedy that was considered capable of quickening the process of healing in wounded or incised surfaces, but how it contributed to this end no one seemed to know, or at least no one had definite ideas. In too many instances it was used in too strong solution. Indeed, in a clinical lecture I heard Dr. W. W. Dawson of the Ohio Medical College, Cincinnati, recommend its use in full strength in the case of a compound fracture. Of course, there

were many new remedies, but those mentioned were the only ones I can recall which won a permanent place.

Among new appliances were the fever thermometer just coming into general use and the hpyodermic syringe that was given to the profession some years previously and was now in the hands of most progressive practitioners. In the field of surgery Esmarch's elastic bandages for driving the blood from an extremity and the aspirator for drawing of fluids from cavities were of recent origin. At this time much more was expected from the aspirator than ever has been realized.

The ordinary practitioner of medicine necessarily limited his surgical practice to the reducing of dislocations and fractures, the dressing of wounds, the opening of abscesses, the amputation of a finger or toe and rarely the amputation of an arm or leg. Appendectomy, hysterectomy, gastrectomy and many more in the long list of ectomies were unheard of and some of them not so much as dreamed of, even by the boldest and most enlightened surgeons. A wound or operation that involved the brain, or abdomen was almost necessarily fatal; and one that involved the larger joint cavities generally resulted in blood-poisoning.

During the spring months after returning from lectures, I had but little in the way of professional work, but with the approach of mid-summer a good many cases of bowel trouble developed among the babies. The most serious of these we denominated cholera infantum, and the milder ones we called infantile diarrhea.

Doubtless the way the pioneers on the prairie were compelled to live had much to do with the etiology of these cases. No one had ice and very few had cellars for keeping their milk and butter sweet; and to accomplish the latter many were in the habit of putting both the above-named articles in vessels with ropes attached and lowering the containers to the much cooler atmosphere towards the bottoms of the well. However, at best this

was but a temporary make-shift that could not always be carried out, so that in cases where infants were hand fed, the approach of hot weather never failed to be accompanied with conditions that developed digestive troubles among them. But why were there many cases of bowel trouble among babes that took their nourishment from the mother's breast only? Perhaps an inquiry into some of the attending circumstances will shed a ray of light upon this matter. These mothers on the prairies bore their full share of the burdens of pioneer life, and consequently were invariably hard workers. Upon one of the long, hot summer days perhaps a young mother is hard at work over the wash tub which she leaves to respond to the persistent crying of her first-born for nourishment which she supplies from her hot breasts, while her cheeks are glowing and her blood is bounding on its course. Meanwhile the urgent need of hurry in her work is occupying the full attention of the young mother, and maybe she takes little or no pains to wipe and properly clean her nipples; and before the child takes them in its mouth again, a drop of milk remaining on their outer surface may ferment, and at the next nursing-time be as the "little leaven that worketh the whole lump," resulting in first fermentaion and then in severe bacterial poisoning and there follows the whole train of symptoms that the older authors grouped and described under the name of cholera infantum.

If called in the early stages, a brisk cathartic of castor oil would oftentimes clean out the intestinal canal and thus the disease would be relieved. Sometimes the mother had already given this remedy before the physician's arrival so that he had nothing to do but supplement the treatment. Small doses of calomel and large doses of subnitrate of bismuth were the most efficient remedies for the more advanced cases. If there was much pain, camphorated tincture of opium judiciously

given was always helpful. But despite our best efforts the great majority of the more serious cases terminated fatally, and some of those less severe became chronic and the child was reduced to a skeleton to drag out a few miserable months and then perish. Sometimes, however, the chronic cases after a long, tedious convalescence would at last recover. In that period there were many more infants with cholera infantum and bowel trouble than in our time and these cases were much more severe owing to inferior modes of living.

Better knowledge of sanitation has brought higher standards of living and the putting of these in practice has greatly improved the health of infants and preserved and prolonged the lives of an untold number of little ones. Not a great while since I was talking with a veteran undertaker and he told me that while there had been very great increase in population, infant mortality in the past third of a century had steadily decreased, if experience in his business was any criterion, and, of course, it was.

Towards the close of the summer of 1872 came the last general, extensive endemic of malarial fever experienced in central Illinois. This endemic lasted from the last days of July till the coming of a killing frost, and within the bounds of my practice I think almost no one escaped an attack. All suffered sooner or later, from the infant at the breast to the white-haired grandsire sitting in the shade of the up-and-down board "shack" in which the family lived. As elsewhere noted there were three general types of this disease, recognized by the physician, and of these the most common was chills and fever, or the *ager* of the unlettered, and the intermittent fever of medical authors. Oftentimes with no warning whatsoever, the patient would all at once be seized with a chill, his teeth would chatter and upon taking to his bed no amount of cover would in any manner add to his warmth. Later he would have fever, headache,

aching in his back and legs, and finally he would seem to be burning up with a degree of heat, that throwing off one cover after another till he was next to naked, would in no sense abate. In due time came the sweating that was as profuse as the degree of cold had been severe and the sense of heat, intense. Next morning the patient, feeling little worse for his previous day's experience would get up and go about his usual business. But the second day, cold, heat and sweating would follow one another in regular succession, beginning at the same hour as that of the previous attack. This the usual type of intermittent fever the common people called ague, or "ager," as their mode of speech might dictate.

Sometimes, however, the attack would recur upon each succeeding day, and in this form the disease was denominated every-day-ague.

A third variety but one much less common would attack the patient, and then leave him free the next and the next, returning upon the third. This type was commonly known as third-day-ague, and was popularly supposed to be harder to break up than the other forms.

During this endemic I met a number of cases of remittent, or "bilious" fever, the attacks of which began much like those of ague, but did not go off at once, and, indeed, often kept the patient in bed for a period of a week or ten days, and when he did get up he would be much reduced in flesh and very weak.

Severe and general as this endemic of 1872 was, I do not remember of meeting a single case of malignant fever, or as the people termed this type, congestive chills. Of course quinine was the sovereign remedy in all acute cases of whatever type malarial fever might assume; and as it was before the days of tablets or capsules the drug had to be given in powder-form, a most intensely bitter and unpleasant dose, and to overcome this, in a measure, some patients were in the habit of

enveloping the medicine in scraped apple and others made a crude wafer out of wheaten dough browned and made palatable by heat and in this wrapped the powder so that it could be swallowed in one dose. Sometimes quinine was dissolved in one of the stronger mineral acids as sulphuric, muriatic or nitric, properly diluted and administered. But like most remedies, quinine was not equally well received by all and there were some patients who found fault with this drug.

In this connection I have in mind one man who had a severe attack of intermittent fever and when I was about to put him on the stereotyped treatment had a good deal to say against quinine and as he did not recover promptly sent for a physician who lived at a considerable distance and who was furthermore something of a charlatan. This man came, looked the patient over, fell in with the latter's abuse of quinine, put out a large number of powders very blue in color, collected a good fee and took his departure. The patient took his medicine and got better, but he happened to show some of his powders to a neighbor to whom he boasted of the fact that he didn't have to depend on doctors who would give quinine for ague. The neighbor heard the sick man through but could not refrain from smiling meanwhile, and when it came his turn to speak, demonstrated to the satisfaction of all present that the powders left by the last physician were composed of quinine and Prussian Blue, the latter being used as a disguise solely.

When the endemic had spent its force so far as acute manifestations were concerned there were still a number of chronic cases with sallow complexion, congested livers, enlarged spleens and dropsical limbs, the latter the result of derangement of the kidneys; each case had to be carefully examined and treated on its merits, but arsenic, iron and strychnia were indicated in a considerable proportion of instances. One not unfrequent sequella of malarial poisoning was "night

"sweats" a peculiar tendency the patient had of perspiring profusely during the night-time. For this trouble dilute sulphuric acid came as near being a specific as any remedy I ever used for any disease whatsoever.

As to the etiology of malarial fever the profession was as yet in the dark and no progress in finding its origin had been made since Lancisci, an Italian, more than one hundred and fifty years ago, had assigned its cause to be marsh miasm, or bad air, hence, the term *malaria.*

In the days when this disease was prevalent, observers were wont to give it a wider field of influence than it perhaps fully occupied, though the true scope of its sphere of action was in no sense limited. Pervaded with this idea many in malarious regious were in the habit of speaking of malarial pneumonia, malarial dysentery, malarial hysteria, malarial neuralgia, and so on through the whole list, not to speak of malarial typhoid which is elsewhere discussed. Doubtless to a degree at least, malarial infection was hydra-headed, so to speak, and was capable of assuming varied forms of manifestations, one of which was neuralgia of the fifth nerve, which was so universally periodic in its manifestations that it received the common name of "brow-ague." However, it is certainly true that most physicians in malarial districts unconsciously fell into the habit of calling many obscure cases malarial, so that this term like the much referred to "grip" of today became too often in the mind of the physician a sort of "Banquo's ghost" that would never down. Malaria in the old days, too, like the "grip" of today, served many as a convenient cloak to cover up their haste, negligence, ignorance, or perhaps all of them.

I was called upon one hot summer day to reduce and dress a Colles' compound fracture which had occurred to a boy about twelve years of age. After a few days the father requested that a consultant be called in and

to this I readily consented. The consultant was a man some fifty years of age and was much given to the use of the surgical knife, a rather unusual thing in that locality and in that pre-antiseptic era. He hailed from a county-seat some nine miles from where I was then located at a farm house. I was young in years and consequently comparatively inexperienced in my profession, and a new-comer in that locality, in striking comparison to this the man who was called in consultation was well established in and about his environment, had some twenty-five years' experience on the credit-side of the ledger and, moreover, had a due amount of nerve and assurance to "tackle anything," as the slang has it.

Well he came in what to my eyes at that time seemed an especially fine doctor's rig, looked the case over and said the only thing to be done was to make a re-section of the broken bone, the radius. There was nothing for me to do in my relative inexperience but to give my consent. Accordingly after duly anesthetising the patient, the operation was performed. The consultant used the knife, saw, bone-forceps and needles, taking all from a full assortment of instruments which at that time "bulked large" in my eyes. Meanwhile I played the part of a modest assistant at best, and a looker-on for most of the time.

In the way of preparation we washed our hands in an ordinary way and as the weather was warm took off our coats and with no other preparation "waded in." The operation over, my consultant put on his broadcloth coat, donned his plug-hat, pulled on his kid gloves, seated himself in his nice "rig," touched his good steppers with the whip, and headed them for the county-seat, his home some nine miles distant. I got in the saddle, and started my horse in a moderate walk for my medical headquarters, the farmhouse some three miles away, meantime, wondering if I should ever be

so fortunate as to reach the place in the profession that my consultant, seemingly, had. However, tempting as his position looked to a young aspirant there was unfortunately a "flaw in the marble," the consultant, at times drank to beastly intoxication, an unfortunate fact that was destined to later on make me some very annoying troubles.

As time went by it became apparent that the re-section of the boy's radius would not result as favorably as the chief operator had expected and as I had hoped, and one day the father of the boy happened to meet my erstwhile consultant when he was in his cups and while in this condition he denounced me as the one who was primarily to blame for the final none-to-favorable outcome of the case. As he was prominent in the profession and I, as yet, a mere boy-doctor, his words, drunken as they were, carried enough weight to move the father of the boy to bring against me a mal-practice suit, and how can I find it possible to describe my feelings when the sheriff served the papers on me! To say that I was both surprised and shocked only half expresses what I at the time experienced in the way of mortification and humiliation. By nature I was very sensitive, moreover, I was timid and afraid of people and anything that pointed in the direction of conspicuosity. Hence I lost no little sleep in wondering how I would manage to comport myself creditably on the witness stand before the searching eyes and "prickeel" ears of a learned judge, twelve jurors and the alert and prying attorneys of the prosecution.

Well in due time I manged to "pull myself together" sufficiently to have a "heart-to-heart" conference with a wise and kindly brother practitioner in mature life and with many years' experience in practice.* With encouraging words he "braced me up" and finally went with me to the office of a hard-headed attorney to whom I gave fifty dollars as a retainer's fee. Time ran its

* Dr. J. T. Pearman of Champaign, Illinois.

course and all too soon the time for trial of my case approached. However, not long before the date of the trial a case of illness developed in my family which necessitated my remaining close at home. These facts were embodied in a brother-physician's certificate, forwarded to the "powers-that-be," and the case was postponed. Meanwhile my erstwhile consultant realizing what trouble he had made me became penitent and sought an interview with the boy's father who was prevailed upon to withdraw the suit, pay the costs and call it all "quits." All of which was of course a great relief to me, as can readily be imagined. As said before, I can think of nothing that will bring one nearer and more threateningly, to the gates of hell than a mal-practice suit.

Nevertheless, some of the ablest men in the profession, have been made defendants in cases of this class; others of less prominence have been ruined in this manner. I have in mind a medical acquaintance who for a charity patient that came to him one day for treatment recommended the local use of tincture of iodine. Later, for some unexplained reason, something like sloughing occurred in the parts where the application had been made and in consequence suit was brought and the defendant was mulcted in a sum that practically broke him up. While on a train one day I found myself a fellow-passenger with the attorney who had successfully prosecuted this case and he gleefully recounted his experience from beginning to end in this suit. I have since looked over all the authorities within reach and have so far failed to find any instance referred to where iodine applied locally had produced such untoward results as the prosecution claimed and, technically, proved had occurred in that particular case.

From what I have experienced and know of malpractice suits, I wish to repeat again and again that if any medical man is curious to learn what hell-on-earth is, his curiosity can be promptly satisfied by his becoming a defendant in one of these suits.

XIV

FROM THE PRAIRIE TO THE VILLAGE

For fell disease and death rode on the air
And found their ready victims everywhere.
T. P. Wilson.

As elsewhere intimated while my practice among the pioneers on the prairie afforded a due amount of things interesting in a professional way, yet I had no colleague to share this with me. Furthermore for want of congenial companionship my life was a lonely one. Indeed, I was a sufferer from what was only a little short of social starvation. Moreover, outside of what mental stimulation my professional work excited I was, to put it mildly, a sufferer from mental hunger. True I browsed on all the books, magazines and papers that the bounds of my practice afforded, but these at best were small in quantity and often sorely lacking in quality. In that day publications of all kinds were not nearly as plenty nor as cheap in price as they grew to be towards the end of the 19th century; hence my small bank account would not admit of my indulging overmuch in literary extravagances. At least so it then seemed, but as I see it today this was an instance of "penny-wise," and had I to live my prairie professional life over again I would subscribe for several good magazines and lay in a good stock of readable books and from time to time add to these liberally. But fortunately for me I had a fair correspondent who afforded me no little comfort and satisfaction,—that served to solace me through many a lonely hour, to lift me up when depressed and cheer me when discouraged. This fair correspondent was Miss Maria L. Lewis of Chatham, Illinois, who to my agreeable surprise and extreme satisfaction had promised to become my wife while I was a resident of her village three years previously. With the approach of the end of the year 1873 I made up my mind to get

married and move to the village of Tolono nine miles northeast of the farmhouse where I had my office for nearly three years. My thought was that many of my old patrons would continue to employ me and as events fell out this proved to be true. Most of the prairie pioneers were plain and unlettered, but they were genuine and truer friends I never had before and have never had since. Hence lonely as I had been, privations that I had suffered and inconveniences that I had put up with all could not keep me from feeling more or less regretful that the time had come to sever my more intimate relations with most of my prairie patrons.

In the closing days of December, 1873, I got together my belongings at the prairie-farmhouse where for nearly three years I had been a dweller and took them in a two-horse wagon to Tolono. Next day I boarded a train for Chatham, Illinois, where January 1, 1874, I was united in marriage to Miss Maria L. Lewis who had been my fiancee for three years; and who for more than fifty-one years since has been a faithful wife, an admirable home-maker and a good, noble mother.

During her physical prime she became the mother of six children all of whom, largely due to her good sense and unerring judgment and devotion, grew up and are all now in mature life. All six are graduates of the University of Illinois. Our only daughter is yet with us and is a great stay and help in every way. Our five sons are all stalwart men all out in the world and faring reasonably well in the general battle of life. Only one of my sons, Dr. George T. followed in my footsteps. After the wedding in Chatham, I at once brought my young wife to Tolono and we began housekeeping in a cottage we had meanwhile purchased. Other than myself there were four physicians in Tolono, two of whom were active and two on the semi-retired list. In due time all of these became and remained my good friends, but they have since all crossed to the Great

Beyond. However, two of them lived to be octogenarians.

As the summer of 1874 advanced the country suffered greatly from drought, and as all the wells were shallow, ranging from eight to twelve feet deep, these practically all went dry and what was but little short of a water-famine resulted. Scattered about the prairie were the dry beds of ponds and in the bottoms of these holes were dug and the water secured in this way was put in barrels, carted round and sold to households for drinking and cooking purposes. In some cases considerable would be bought and put in an empty well or cistern and pumped in the usual way when needed. This water, really the leechings of the various pond-beds from which it came was a poor makeshift. But the people were glad to get it and willingly paid the price. Just what effect this peculiar water-supply had on the health of the people is not easy to say. However, a severe epidemic of diphtheria broke out and prevailed during its continuance, and by some was thought to be due to the "swamp-water" as it was not inaptly named by certain ones among its users.

During this epidemic it was my fortune to see and treat a great many cases of this dread disease, some relatively mild, some severe and eight that proved fatal. In the treatment of diphtheria in that day it was the custom to rely largely on iron, quinine and alcoholic stimulants given internally and chlorate of potash locally. For internal use chlorate of potash was also dissolved in tincture of iron to the point of saturation and to this glycerine or simple syrup was added to make a palatable solution. Despite our best efforts, however, about twenty young patients died in and about Tolono during the prevalence of the outbreak. As it was before the days of quarantine and efforts at disease-prevention, no systematized attempt was made to separate the sick from the well. I recall an Irish family to which I

was called and finding one of the children infected with diphtheria I suggested to the parents that the child be taken to an upstairs room and that save attendants, no one should have access to the sick room. But to this the father replied, "No docther we'll jist let 'em all doi tigither." The house was small, the sick child occupied a small downstairs room to which all had access and before the end came all of the five children were infected and of these three died. All this in about two weeks' time. Looking back from the standpoint of today I feel sure that had my suggestion been accepted and carried out the disease would not have extended beyond the first patient. As the weather was warm the sick child could easily have been made comfortable upstairs, and at the same time the remaining children could have spent much time out of doors, which would have conduced to their escape from infection. But as said before it was before the days of quarantine, and had this been attempted there were no laws to secure its enforcement.

In that day the public, and in no small degree the doctors, had not as yet been aroused to the need of disease-prevention. So true was this the case that during the prevalence of this outbreak public funerals were held of those dead of this disease. The same was true of all other contagious diseases. A medical man who would venture to protest strongly against these public funerals would have been branded as heartless and utterly lacking in a proper consideration for the dead.

In most instances when a case of typhoid fever occurred in a family where there were young people all would be apt to become infected before the disease had spent its force. In no particular has the present era shown its great advance on the one just gone by than in the thoroughly awakened public sentiment which demands the *prevention of disease* to the greatest degree possible.

The Klebs-Loefler bacillus and the Ebert bacillus as

the causative factors in diphtheria and typhoid fever respectively, were as yet wholly unknown, and theories as to the underlying cause of contagious ailments were as numerous as were the people who propounded them. For a time a popular theory for the origin of typhoid was that of Pettinkoffer which maintained that certain strata entering into the formation of the earth contained the infecting material and gave rise to typhoid and that in the fall season when water in wells, springs, streams and other sources of supply reached a low-stage, the infecting nidus in certain earth strata came to be dissolved in the water and consequently susceptible persons were infected. The fact that the late summer and fall, coincident with a low stage of water, is likewise the period when typhoid is more than usually prevalent, gave some measure of support to Pettinkoffer's theory of its origin.

Another theory was known as Murchison's and attributed the origin of typhoid to putrescence. Consequently according to this putrid matter from whatever source under favorable conditions could and did originate cases of typhoid. The word pythogenetic was coined to express Murchison's theory of the origin of typhoid.

Diphtheria was believed to originate in much the same manner and filth in any form, and putrid matter from any source whatsoever, was thought under certain unknown circumstances to generate this disease in all its forms from the mildest cases to the most malignant. In this period sewer-gas came to be a terrible "boog-a-boo," a most dangerous factor in the production of numerous diseases, but frequently diphtheria and typhoid. Likewise defective drains, decaying vegetables, putrifying meats, etc., were deemed fruitful sources or more correctly, direct generators of disease in practically all forms and varieties.

About this time, 1877, I atttended a popular lecture by the celebrated preacher and orator Henry Ward Beecher on the "Wastes and Burdens of Society." He

was in the prime of ripe manhood and in the full power of his wonderful gifts and consequently was in almost immediate touch with the most up-to-date knowledge in all lines. Among other things he touched on the ravages of disease and in graphic language described the grief of a family whose only child had died from diphtheria. Referred to the reverential awe with which they attributed it to the very sad but no doubt just dispensation of an all-wise Providence. I never shall forget the speaker's countenance when he said, "A dispensation of Providence! Why it was nothing in the world but rotten cabbage and turnips in the cellar!"

During these years I recall one period when I concluded I was about to face an epidemic of fractured femurs as three occurred in my practice in succession one right after another. Two of these happened to young girls just budding into womanhood and I could not help contrasting them. The first received her fracture in a runaway accident and when I was called found her suffering intensely. I dressed the limb with a long Physick splint and tried in every way to make the patient comfortable, but despite my exertions she was miserable from beginning to end and her disposition had nothing to do with this for she was naturally amiable and good natured. She recovered with a shortened limb and walks with a limp to this day. Before my first patient had fully recovered I was called to the second young lady who while milking an evilly disposed cow received a violent kick from this animal that broke one of her femurs. I was called and dressed the injured limb on a long Physick splint and left the patient comfortable; found her in that condition at all my subsequent visits and she made a good recovery, and the last time I saw her she said her broken femur was as good as the other. What made the difference in these cases? Doubtless the exact site and nature of the two injuries as regards obliquity

of fracture and maybe torn nerves and lacerated tissues were very different in the two cases*

I recall a case of ascites in a hardy Irish woman which became purulent and which at different times discharged large amounts of pus and in the end proved fatal. I have since wondered if the bolder surgical methods of today could have saved her life. Would the operation of laying her abdomen wide open and clensing it thoroughly have obviated her death? It is quite possible that it would, but maybe not.

In this period I had my first case of senile gangrene which occurred to an old English woman. The case lingered for weeks and weeks, first occurred in the toes of one foot and later involved the foot and leg up to the knee before death occurred. The trouble was probably due to embolism of the popliteal artery, but such things were less understood a generation ago than they are today. Of course the question of operation came up. Would a comparatively early amputation have saved this patient's life? Probably not, as she was old and doubtless had more or less general arterio-sclerosis.

This year I became a member of the local County Medical Society and the year following, 1875, joined the Illinois State Medical Society at a meeting held in Jacksonville, Ill. Dr. J. H. Hollister, then in his prime, was the presiding officer and at the close of his term of office delivered a beautiful valedictory address. The next meeting of the State Medical Society was held in Champaign, Ill., in the Centennial year, 1876, and as I had been chosen to officiate as local Secretary, I met most of those in attendance. Among the prominent Chicago men present I recall the names of Drs. N. S. Davis, W. H. Byford, Moses Gunn, J. W. Freer, E. L. Holmes and J. H. Hollister, all of whom are now dead.

*The reader must bear in mind that these cases antedated the discovery of the "Crookes Tube" or X-Ray by nearly twenty years.

Indeed, few of those who took a prominent part in this meeting are alive.

This session was notable for setting in motion the measures that led up to the passage of the first Medical Practice Act, enacted in Illinois and under which was organized the first State Board of Health. A committee was appointed to visit Springfield during the approaching session of the legislature, appear before that body and show the necessity for the legislation proposed. Without going into unnecessary details let it suffice to say that this committee did its work so thoroughly that the act was passed, received the Governor's signature, became a law in 1877 and the same year Governor Cullom appointed the members of the State Board of Health and as soon as the latter organized for business, we all sent in our diplomas and in due time received certificates to practice medicine. Dr. John H. Rauch, long connected with the Chicago Health Department was the leading spirit in the first State Board of Health and at once set about distributing literature and making use of all means in his power to institute sanitary precautions and put in operation proper measures for preventing the spread of contagious diseases. The result was a new era in practical sanitation and preventive medicine.

The Memorializing Committee who appeared before the legislature was made up as follows: Dr. E. W. Gray, Bloomington; Dr. Wm. M. Chambers, Charleston; Dr. S. H. Birney, Urbana; Dr. Wm. Massie, Paris; Dr. F. B. Haller, Vandalia. Of them it may be said, that while they are all dead, their "work lives after them."

I took little or no part in the discussion that led up to the appointment of the committee, nevertheless I have always been proud of the fact that I was present and heard all that was offered and said in favor of the

most important movement ever made by the medical profession in our State.

One experience during this period may interest the reader. One raw, rainy morning a messenger came for me saying that Dr. D., a fellow practitioner, and a very large man wanted me to come to his assistance at once in a difficult labor case some five miles in the country. I got in the saddle and in due time met the accoucher and a little later was at the bedside of the patient, who proved to be a fleshy Irish woman who had been in labor some twelve hours.

As said before, the attending physician was a very large man who must have weighed not less than two hundred and seventy-five or three hundred pounds. His hand was so large that it looked like a smoked ham, and hence was the worst possible for obstetric work. At his request I made a digital examination and found a breach presentation, which coincided with what Dr. D. had told me on my arrival. We succeeded in bringing down a foot, but this was after much effort for the pelvis was almost abnormally narrow. A little later the other foot was brought down and traction made on these extremities. Meanwhile uterine contraction was encouraged by manipulating the lower abdominal region. Finally we succeeded in delivering all but the head but this seemingly defied our best directed efforts at bringing the proper dimensions of the occiput to the corresponding dimensions of the canal—at any rate at this stage labor was arrested for hours. Meanwhile, we sent for additional help and in due time Dr. H. came to our assistance. In that period Dr. H. was supposed to be the "court of highest resort" in difficult cases, medical advice and counsel. In due time Dr. H. began trying to adjust the occiput so it could be delivered and next endeavored to apply the forceps (as we had endeavored to do before he came) but unfortunately all

without success. Finally Dr. H. suggested that Dr. D., he of the gigantic stature and heroic strength should make traction on the body of the infant while he and I exerted counter force on the woman. And what does the reader suppose was the result? Dr. D. was all at once endeavoring to steady himself from falling over backwards while his hands were grasping a headless infant! So there we were. The trunk and extremities delivered but the head somewhere in the vicinity of the upper strait! Fortunately after no little effort Dr. H. succeeded in grasping the head with the forceps and bringing it in the world.

At the termination of this long protracted labor the patient was made as comfortable as circumstances would allow with the help of the several neighbor women who had stood by us all through. Here it may be well to observe that in that day no attempt was made at immediate repair of any "tears" or ruptures that may have occurred during labor. Indeed, the great majority went through life with these injuries, not even so much as aware, oftentimes, that their condition was any worse than that of those who had gone through labor with parts left wholly intact. "Where ignorance is bliss 'twere folly to be wise."

Just what the Catholic priest did with himself while we were working with the patient I do not now recall, but can but wonder as the house was small and the out-of-doors weather not inviting. While located in Tolono it was my fortune to do quite a good deal of business for Irish Catholics and soon got on to the fact that when one of their number was stricken with anything that threatened to be serious one messenger was sent for the physician and another for the parish priest who in practically all serious cases administered extreme unction. My people were all Protestants and in no small degree I grew up with the impression that the

average Catholic had "horns and hoofs" metaphorically speaking, but contact with these people and, more especially, attending them professionally through all kinds of ailments, being with them in childbirth and standing with others at the bedside of the dying, all conduced to make Protestant and Catholic realize that the same blood courses through the veins of each, the same aches tortured the flesh of the Catholic that made miserable the Protestant, and as a rule the same balm would ease and the same salves soothe each and all alike. All breathed the same air, all trod the same soil, all had substantially the same environment, and, finally, all would return to the same Mother Earth. Then why dispute and "chew the rag" over really, minor differences?

Here I may say that when I was a medical student the only female attendants were Sisters of Mercy and these early impressed me with their willingness to wait upon the sick and desire to alleviate suffering in all its myriad forms. In that period the Protestants had no corresponding representatives in the field of this form of altruism.

Elsewhere I spoke of the fact that I visited my country patients very frequently on horseback. While located in Tolono, I one night not long after supper got in the saddle and started to see a patient some miles distant. It was in late summer, there had been no rain for some time and the roads were dry and hard. My horse was going along in a canter when for some reason he stumbled, fell down and threw me with some violence on the hard ground. The main force of the fall came on my left shoulder which soon became quite painful. Rising to my feet I managed to catch my horse and once more get in the saddle. Meanwhile realizing that I had received a severe injury I turned my horse's head toward home and arriving there two of my neighbor physicians were called in and it was soon discovered

that the outer end of my left clavicle was dislocated. After some efforts at readjustment of the parts a dressing was applied and I was put in bed and directed to lie there most of the time for some weeks. But who ever knew a sick doctor to obey his medical attendant? I got up next day and did not go to bed save when the regular bed time came. Finally I recovered with the outer end of my left clavicle detached from its articulation. Of course the ligaments may have been so ruptured and torn from their attachments that no amount of time spent on my back would have remedied matters. Dr. Livingston, the great African discoverer, at the end of years and years spent in "Darkest" Africa, finally died in its interior with no white man any where accessible when the end came. He was not immediately buried and his remains were some how kept from decay by his faithful native attendants till they came under the observation of European eyes. It was known that in a fight for his life with a lion Dr. Livingston had sustained an injury of the humerus of one of his arms that resulted in a permanent ununited fracture and upon examination of the dead body in the care of the natives this ununited fracture was found and thus identification of the remains was unquestionable in character. I have sometimes had the gruesome thought that should some terrible calamity befall me and identification of my old carcass become necessary the unreduced dislocation of the outer end of my left clavicle might "be called in court", so to speak, to give unimpeachable testimony.

Tolono is situated one hundred and forty miles south of Chicago at the junction of the Illinois Central and Wabash Railways, both important lines. The cottage in which I lived was near the Illinois Central and not far distant from the Union Railway Station of the two roads.

At one period during my stay in Tolono there came to be almost an "epidemic" of railway accidents to individuals. Some writers have advanced the theory that things of this kind go in cycles, but as to this I cannot say. However, at the period referred to there was certainly a cycle of personal railway injuries at Tolono. So frequently did these occur at this time that when my doorbell rang I went to it with the expectation of finding a messenger summoning me to the railway station to minister to the wants of some poor, mangled sufferer. More frequently than otherwise these injuries were of so serious a character that death resulted. Most of the injuries were due to falling under the wheels of the moving trains. Tolono was the crossing of two important lines, and facilities for making the crossing relatively safe were much less adequate than today, furthermore, airbrakes had not yet come to be in use and the work of a brakeman on a freight train was dangerous in the extreme.

In the event the injured had to be dressed and operated upon our facilities for this were none of the best and no hospital worthy of the name could be reached nearer than Chicago. Under these circumstances I could "but thank my stars" when our "cycle" of accidents came to an abrupt ending and surgical peace reigned in and about the environments of our railway station, for a period at least.

During my two years' service in the medical department in the Civil War it was, as noted elsewhere, my fortune to see men torn and mangled in almost every way by shot and shell, yet I am compelled to say that for horrible mangling many railway injuries out-class the greater number of battle wounds and injuries that came under my eye in the great struggle of the sixties, terrible as was some of the human wreckage upon many hardly contested fields in that fratricidal war.

XV

A VETERAN MEDICAL SOCIETY AND SOME OF ITS CHARACTERS

An old-time doctor rises into view
A well-read man he was and much he knew
For he was "college-bred", and in the eyes
Of simple folks no man could be more wise.
T. P. Wilson.

In the midsummer of 1872 I had an important surgical case and being young and relatively inexperienced I called Dr. E. B. Cannon of Tuscola in consultation. Dr. Cannon had a large practice, gave much attention to surgery and had the courage to operate whenever and wherever a door opened opportunely. Dr. Cannon was an older brother of the Honorable Joseph G. Cannon, who by the way, that very year entered on his long and distinguished career in Congress.

Dr. Cannon very promptly came to my assistance and when through with the case said to me "By the way, Dr. Johnson, the Aesculapian meets in Tuscola this fall and you must come down and join us."

"The Aesculapian, what is that?" I enquired.

"Why, it's a Medical Society," he answered. Its full name is the Aesculapian Society of the Wabash Valley and it has the distinction of being the oldest medical organization in the state. It is a District Society and its membership is made up of physicians, from counties as far north as Vermillion, as far south as Lawrence, and as far west as Moultrie, and likewise by medical men who reside in contiguous counties in Indiana."

I kept the date of the meeting in mind and when it came round went to Tuscola, enquired for the place

of meeting and went there and found a few doctors assembled in a small hall. It was about 2 p. m. and the afternoon session had opened. An essayist, who I soon learned was Dr. Wm M. Chambers of Charleston, Illinois, was reading a paper on malarial fever, which had been especially prevalent that year. Dr. Chambers' paper was well written and he read it so that he was easily understood, but at the end of nearly every sentence he would pause for a brief moment and cast his eyes up towards the ceiling. His paper finished, before he sat down, he apologized for any and all shortcomings his report might have, by saying it had been written amidst the confusion necessarily arising during constant interruptions by patients.

Dr. William Massie of Grandview, Illinois, occupied the chair with benign dignity and decorum.

If I remember correctly, Dr. A. J. Miller of Paris, Illinois, followed Dr. Chambers with a paper, but upon what topic I do not now recall. Later I came to realize that these three men were of sterling worth and were important pillars in the make-up of the Aesculapian. Moreover, as time went on, I came to revere them and was glad to sit at their feet, in a metaphorical sense, and regard them as masters. When I saw them for the first time that afternoon in November, 1872, they were all in mature life, growing a little gray and all not far from the half-century line. Upon further acquaintance I found Dr. Chambers to be a suave, courteous gentleman, a native of Kentucky and very fond of good Kentucky whiskey. However, he was always so nice about the use of his favorite beverage that his most devoted temperance friends could take no exception to his indulgence.

Dr. William Massie was of a far different type. He was a large rawboned man, very plain in dress and inclined to be brusk in manner. However, he was always so intelligent and was such a brainy man with a faculty

of impressing his personality on all that you soon forgot his plain dress and brusk manner.

Dr. A. J. Miller was a small man with clear-cut features, that impressed those with whom he came in contact that he was just what he was—an honest, dependable man.

I think there were less than a dozen physicians in attendance that afternoon, but as it was the first session of a medical society that I ever had the privilege of attending, I, very naturally paid close attention to all the proceedings and studied faces closely.

Next to Drs. Chambers, Massie and Miller, my attention was most drawn to Dr. G. T. Ragan, the Secretary, in the prime of manhood, rather below the average in size, but closely built with dark hair and eyes and handsome features.

Some one proposed my name for membership and in due course I was elected, signed my name in the register, and paid the initiation fee of two dollars. I was young, timid and never dreamed that later I was destined to succeed Dr. Ragan in the Secretary-Treasuryship of the Aesculapian and sit by and receive the sheckles while sundry new members signed in due form and paid their fees.

In the evening there was a public meeting at which Dr. Massie delivered his valedictory address on some metaphysical subject that overshot most of his hearers, professional and lay alike.

The next morning's session was well attended, several papers were read and delegates appointed to both the State Society and National Association as was then the custom. At the hotel where I stopped I met Congressman-elect Joseph G. Cannon, who was about to start to Washington, and for the first time take his seat in Congress. In that day no one so much as dreamed of the unequalled long period young Congressman-elect

Cannon was destined to serve nor of the unique and enviable career that he had before him.

The last day of the meeting of the Aesculapian was Thursday and Thanksgiving day. Dr. Cannon invited those of us who lived elsewhere and could do so, to attend a Thanksgiving dinner at his home. We were introduced to Mrs. Cannon whom we found to be a noble woman and a good home-maker, as was evidenced by what we saw and by the most appetizing turkey-dinner she had prepared for us.

We all sat down to a long table and there was so much in front of us that Dr. Cannon had to have the turkey, a very large one, placed on a side-table where he carved it properly and helped our plates bountifully. While this was going on, an incident occurred which I will narrate to show what things people tolerated in those days. One of the physicians seated at the table, a man near my own age, and who, as I learned later, prided himself on his breeding, coughed, turned about in his chair and expertorated a mouthful of mucus on the carpet!

As said above I do not know the exact number present at that Thanksgiving dinner fifty-three years ago, but I think it was about twelve. So far as I can learn I am the only one living who sat down to that table. Dr. Ragan, who passed away a few years ago, was the last one to go. By the way, Dr. Ragan was especially kind to me during this meeting and this I greatly appreciated, as I was young, backward, and a stranger; moreover, till the day of his death, he remained one of my staunchest friends.

In May following I attended a meeting of the Aesculapian at Charleston, and for the first time visited that interesting place. Dr. Chambers, Dr. Massie and Dr. Miller were all present, and of course my friend Dr. Ragan, the most efficient Secretary-Treasurer. The

Aesculapian Society of the Wabash Valley was organized in 1846, before the day of railways and consequently, to attend its earlier sessions some of the members had to drive, twenty, thirty, forty, nay, fifty miles to reach the meetings, two of which were held every year and the sessions always continued through two days. Thus it will be seen that attendance upon these necessitated the absence from their business of nearly a week on the part of certain members who lived farthest away. However, the brave men of those pioneer days shouldered their burdens, made their tedious journeys and kept the Aesculapian on its feet.

As I learned more of the Aesculapian I discovered that Drs. Miller, Chambers and Massie were the second generation of members and that the founders of the organization were all dead or removed to distant localities.

One doctor that I met at both of these meetings deserves notice. This was Dr. J. M. Steele of Grandview, Illinois, a native of Virginia, who had come to the "Prairie State," as Illinois was then called, acquired a large body of land and had grown wealthy.

A number of years before Dr. Steele had retired from practice, but he liked to attend medical socieities and throw his influence for the preservation of ethical medicine. The embodiment of hard, practical sense and independent as General Jackson; said what he thought, when and where he pleased; and as he always thought rightly, no one was the worse, but on the contrary benefited. Although in that day every one wore beards, Dr. Steele, who was at that time about sixty-five, always appeared clean-shaven. He was so well and favorably known that he was at one time called upon to serve the Illinois State Medical Society as its President.

I missed the next two meetings of the Aesculapian, and in the early fall of 1874, this fact brought a letter from Dr. Ragan, the Secretary, asking why I had not

been at the sessions of the society and urging my attendance at the forthcoming meeting. I replied and among other things stated that I had just passed through a severe epidemic of diphtheria. As quick as return mail could bring it, came a letter from him urging me to write up the epidemic and read the paper at the meeting in November. I wrote back that I had never written a paper and that if I had one written I would be too timid to read it. In reply Dr. Ragan wrote a more urgent letter than ever, and said that if necessary, he would read the paper if I would write it.

This last letter was the feather that "broke the camel's back" and as a result, I fell a victim to Dr. Ragan's generous interest and kindly offer and soon went about doing what I could in the way of writing up the diphtheria epidemic.

Up to that time I had never so much as written an essay and my whole experience with my pen was confined to such letters as it had from time to time been necessary to write. However, I got busy, as the phrase goes, and scribbled a good deal—as much, in fact, as I could recall of my experience in the then very recent epidemic. Finally I went through my scribblings and endeavored to differentiate the essential from the unimportant and after writing and re-writing it all several times till I was measurably satisfied with the result, copied it in as fair and plain a hand as I could write and forwarded it to Dr. Ragan, who lived at Neoga, Illinois.

At this time I lived at Tolono, Illinois, and as the diphtheria had found its victims in that village and in the surrounding country, I took the liberty of calling the outbreak, "The Tolono Epidemic of Diphtheria." The date for the meeting came, a beautiful day in late November, and as passenger service was then not nearly as good as today, I entered a caboose attached to the rear of a freight train on the Illinois Central, bright

and early, and started for Neoga, fifty miles south where the meeting was to be. In the caboose I was surprised and gratified to find Dr. J. T. Pearman of Champaign City, who, like myself, was headed for the Aesculapian at Neoga. Fortunately our train was a "through freight" and made almost as good time as the average "accomodation" passenger trains of that day.

In due time we reached Neoga and found Dr. Ragan at the train waiting for us. He invited us to his house for dinner. After a short morning session Dr. Pearman and I went with Dr. Ragan and at his home I for the first time met his wife, a bright, interesting woman. Later I learned that she was originally a Miss Osborne, and a sister to the Mr. Osborne who married the lady, whom he later divorced and who then became the wife of Robert Louis Stevenson.

After a good dinner we went to the place of meeting and among others that I met were the "three pillars", Drs. Chambers, Massie, and Miller. These men were true medical stalwarts and by precept and example, exercised a good influence upon all the younger members of the society. The afternoon session was well attended and an especially good one it proved to be.

At the evening session, Dr. Ragan read my paper entitled, "An Epidemic of Diphtheria at Tolono" and it was listened to attentively and later discussed freely. It received no little praise and when Dr. Chambers said, "This report is not only interesting and instructive but its diction is fine", my cup was full and I felt that I had been rewarded a hundred fold for any and all pains I had exercised in the preparation of this, my maiden effort, at medical essay writing.

Very much to my surprise when the election of officers came at this meeting my name was proposed for Vice-President and I was elected, and, as matters turned out, this meant much more to me than I at the time

realized. Later Dr. Ragan did my paper the honor to send it to the American Practitioner of Louisville, Kentucky, for publication, and it appeared in that journal for May, 1875.

Dr. J. M. Hinkle of Mattoon, Illinois, was elected President, but before the next meeting he disposed of his practice at Mattoon and removed to San Diego, California, where he was to have charge of a branch of "The Indianapolis Surgical Institute", a first water quack concern. As Dr. Hinkle's name was promptly dropped from the rolls of the Aesculapian, I, as Vice-President, became Acting President of the society.

The meeting for May, 1875, was held in Terre Haute, Indiana, and this took me to that city for the first time. The profession of Terre Haute gave us a royal reception. A large opera house was provided for sessions, and the whole faculty of one of the Indianapolis Medical Schools were invited to meet with us and participate in our proceedings.

The professors all came and gave every evidence of being able men and thoroughly competent to fill their several chairs. Further than this, there was a large attendance of members, and, as might be expected, the medical men of Terre Haute were present at most of our sessions. Taking it all in all, I think I am safe in saying that this was one of the largest meetings in the history of the Aesculapian. But large as was the meeting, and dignified and imposing as were some of the medical magnates from Indianapolis, it was my duty to preside; to say that I approached this with literal fear and trembling, only partially expresses the full truth. Fortunately in the Secretary, Dr. Ragan, I had ideal support and assistance. I was in my thirty-third year and a very young looking man for my age, and in front of me, while in the chair, were many grave white-haired men of over twice my age, and with ten times my knowledge

and experience of the world and the men who dwelt in it. Nevertheless with Dr. Ragan's help and loyal support I managed to blunder through some way. Doubtless the "way" was not always well chosen and at times was not parliamentary, but, proper or improper, it was kindly accepted and tolerated by my colleagues whom fate had decreed that I preside over for a few hours.

One of those in front of me was Dr. Ezra Reed, a sort of medical autocrat, from Terre Haute. Dr. Reed had a personality that would attract attention anywhere. He was fully six feet in height, large in proportion and had a head as big as a half-bushel. Then he had a way of speaking that would seem to affirm that his was the last word that could be uttered on any given subject.

Another character among the Terre Haute profession was Dr. John E. Link, who was at one time Professor of Anatomy in one of the Indianapolis Medical Schools. Dr. Link had no little skill as a surgeon and at this meeting read a paper advocating whiskey as an anesthetic in place of chloroform and ether. Of course, to be effective profound drunkenness would have to be produced. Nevertheless, Dr. Link narrated a number of operations in which he had produced the needed insensibility by exhibiting whiskey freely and on the other hand he gave several instances in which chloroform had produced fatal narcosis.

When the next morning's papers came out what was our surprise to find in one of them a full copy of Dr. Link's paper with big head-lines at the top of the column. Some thought this was with Dr. Link's connivance.

Among others present at this meeting was Professor Theophilus Parvin, then, I believe, connected with one of the Indiana schools. Dr. Parvin, one of the handsomest men I ever saw, was brilliant, ready on his feet

and a gifted writer. His specialty was Obstetrics and Diseases of Women. But with all his gifts and accomplishments he seemed to be a kind of *peripatetic* and during a not very long professional life, gravitated between Cincinnati, Indianapolis, Louisville and finally ended up in Philadelphia, if I remember rightly. But wherever, or whenever he appeared, his taking personality won friends for him.

As this session neared its close a committee was appointed to draw up suitable resolutions expressing our appreciation of the manner in which the profession of Terre Haute had treated us. Dr. John Morgan McKown as chairman wrote and presented the following:

"Whereas, the semi-annual peregrinations of The Aesculapian Society of the Wabash Valley have brought us, most fortunately, to this beautiful queen of the Wabash Valley, the vigorous city of Terre Haute, and, Whereas, on the principal of fair dealing and good neighborhood one kind act deserves to bring forth its own harvest of kindred fruit, remembering always that he who eateth should give thanks, and impressed profoundly with the courtesy and kindness which have taken from us the sense of being strangers in a strange land, Therefore be it

Resolved, that the unanimous thanks of the society be and are hereby tendered to the medical society and profession of Terre Haute for the courtesy and kindness which have made our stay here so delightful; and that in the extension of thanks we desire to remember particularly the committee of arrangements, who have contributed so much by their efforts to our comfort;

Resolved, that we tender to the Press of Terre Haute our thanks for the gratuitous advertising which in the publication of the proceedings of our society they have given the medical profession, and that we feel very grateful for the exceptionally few ridiculous utterances,

scientifically regarded, which they have put into our mouths, the secular press being notoriously inaccurate in reporting scientific discussions;

Resolved, that we tender to the citizens of Terre Haute, whose latch-strings have been out and whose doors have opened to us, our thanks for the courtesy and hospitality which make us long to come again, and to her fair daughters who give tonight with their charms these banquet halls, the assurance that the memory of their kindly courtesy and gracious presence, like the aroma of some beautiful flower, shall linger in our hearts and be enshrined there along with the affection which we bear our mothers, our wives, and our sweethearts who await us at home, and the assurance to all the ladies, the citizens and our professional brethren, that amid the rugged duties to which our profession shall call us, in the discomfort and fatigue, and anxiety of our professional life, we shall look back to our stay here as the foot-sore and weary traveler does to the bubbling spring by whose side he has rested and refreshed himself!''

The fall meeting of the Aesculapian for the year 1875 was held at Paris, Illinois, when it again was my duty to preside and at the close of the meeting deliver a valedictory address. For this purpose I prepared something that I trusted would not be wholly inappropriate and when the time came, with trembling voice and quaking knees delivered it. Notwithstanding my trepidation in delivery what I had to say was well received and very naturally I was gratified.

In November, 1876, the Aesculapian met at Tolono, my home. The weather was cold and gloomy and the meeting was not well attended. However, I recall that Dr. Chambers, one of the stalwarts, was there and that I entertained him. One of the first things that occurred after he crossed my threshold was to open his valise,

take out a bottle and ask for a glass and some water. When this was given him, he poured out about a half a glass of whiskey, drank it "raw" and then followed it with a "swallow" of water.

This was a new experience in my home, but Dr. Chambers was such a courteous gentleman and so agreeable in every way, that my folks passed the drinking incidently and as we say today, "forgot it."

At the election which occurred at this meeting Dr. Ragan was made President and I was given the Secretary-Treasurership of the Society. I felt a little loath to take the position, but was afterwards glad that I did it, as it gave me a kind of experience that I needed. I remained in the Secretary-Treasurer's place ten years.

The time and service I gave the Aesculapian as its Secretary I have never regretted. Indeed, I can but regard it as an important contribution to my medical and literary education. It brought me closely in contact with capable and successful practitioners and created within me higher professional ideals than I might have fallen heir to had lower standards been set before my eyes than those afforded by the Aesculapian.

During my incumbency of the position of Secretary-Treasurer of the Aesculapian, Dr. William Massie was stricken with pulmonary tuberculosis and he was thereby prevented from attending the meetings during several sessions. Finally, however, at a meeting in Paris he came to the place of meeting, took each one by the hand, bade us all goodby, broke down with grief, tears trickling down his cheeks and few dry-eyed men witnessed his grief, turned about and left us. He was pale, emaciated, had a harrassing cough, and we all felt, as he did, that the end was not far off. Most of us never saw him again.

As time went by Dr. W. M. Chambers began to show the grip of age. He was stooped over, till he seemed

almost doubled upon himself. Later he, too, passed on to the Great Beyond.

Meanwhile, Dr. Miller, the third of our stalwart triumvirate, grew older and older, and finally joined his colleagues, Massie and Chambers on the Other Shore.

XVI

I LOCATE IN CHAMPAIGN CITY

Of all the ills that suffering man endures
The largest fraction liberal nature cures;
Of those remaining 'tis the smallest part
Yields to the efforts of judicious art.

Holmes.

IN the spring of 1879 I removed from Tolono to Champaign City, only ten miles away and in the same County of Champaign. This move was made to secure a larger field for professional work and better educational opportunities for my family which were available at the University of Illinois, very near which I would have my home.

During my first three years in Champaign City I was a partner of Dr. J. T. Pearman, some fifteen years my senior and a genial, pleasant gentleman and a native of Kentucky. Our relations were pleasant during the period of our partnership and remained so until his death nearly seventeen years later. He was the local surgeon of one of the railroads that ran through Champaign and I often assisted him in the "rough and tumble" surgery much more incident to railway work in that day than this. As we had no hospital in that period these patients were taken to a room, usually in the hotel adjacent to the railway, and if an operation was to be performed, a table was brought in, sheets and blankets spread upon it, the patient placed upon these, chloroform administered and the knife and other instruments used with no anti-septic precautions other than ordinary cleanliness. Hot water and soap were of course always available, but, at best, these were used only in a very perfunctory manner. True, over in Edinburgh, Scot-

land, Joseph Lister was at that time striving to materialize his dream of clean surgery. But while in this his success was encouraging, yet it was not of so pronounced a character as to command the attention of medical men generally.

In the early eighties the time of my professional partnership expired and I began practicing on "my own hook," as it were. I felt some hesitancy in doing this as my three years' association with an old and established physician had made me a little timid and had not been conducive to a spirit of independence, and self-reliance. However, this did not last long and after awhile I "got my nerve,' as the slang has it, and went about my business with a due amount of confidence.

Not long after I began to "hoe my own row" (1884) I ran up against an endemic of typhoid fever, unusual in character. A young man went west with the hope of bettering his fortune, located in Kansas and was engaged in opening up a new farm when he was stricken with a severe attack of sickness and thinking home and his mother's care were desirable, took the train and came back to the old farm-house. Soon after his return I was sent for and learned that several days previously he had been attacked with a hard chill followed by high fever and later feeling able to travel, took the train and two days subsequently reached home and took to his bed. His symptoms pointed to malaria, moreover, his surroundings in the new country, when first attacked and also the season of the year, were precisely those conducive to an attack of malarial fever and this upon my first visit I thought the case to be. I prescribed for my patient and left with directions to be called if my services were further needed. Two days later I was hurriedly sent for with the information that the patient, by mistake, had been given carbolic acid. When I reached the bedside of the sick man I found that while his lips and tongue had been burned by the drug, he was clear

of any sérious symptoms this might have produced, and prescribing some palliatives I took my leave. His mother previous to my arrival had administered sweet milk and this no doubt had an ameliorating effect, as it in no small degree relieved the burning and other disagreeable results of the carbolic acid.

Two days later I was called and now realized that my patient had typhoid fever. The history and symptoms at my first visit pointed to malaria; and at my second visit the swallowing of the carbolic acid had put all else in the background. In that day we made our diagnoses by clinical symptoms alone,—the Widal test for typhoid came a number of years later.

When the young man came from the west a steam-thresher was running at the farm-house and the machine was attended by twenty-nine young men and boys, five of whom were the patient's brothers and the remainder neighbors and friends.

In the following two or three weeks sixteen of this party of threshers were stricken with typhoid fever; two others had symptoms that indicated an attack in mild form, and four more were to a greater or less degree indisposed, presumably from mild infection. I say "presumably" advisedly for as intimated above, we, in those days, were compelled to make our diagnoses, in no small measure, in the dark, so to speak.

Of the sixteen well-marked cases, eleven were under my care, eight of whom made good recoveries and three died. The remaining six patients were treated by other physicians with a result of three recoveries and three fatalities.

After all was over I wrote a full report of this outbreak and sent it to the Louisville Practitioner and News in which it a little later appeared and I shall take the liberty of quoting from this with a view to throwing some light on medicine as it was understood and practiced in the eighties.

After giving the history of the endemic and certain facts pertaining thereto the report said:

"Here it may be well to state some facts regarding typhoid fever upon which recent authorities are pretty well agreed:

"1. Typhoid fever is never communicated from person to person.

"2. The disease never comes up spontaneously; no amount of filth, and no degree of decomposition can originate the disease.

"3. Typhoid fever is a miasmatic, or infectious, disease, the poison from within the body of a person suffering with typhoid *must pass through, in process of development, a nidus outside the body* before it becomes capable of propagating the disease (Ziemsen).

"4. The discharges from the bowels of a patient affected with typhoid in a few hours after they are voided, pass through some process by which they become infectious, and when allowed to enter wells or cisterns, cause those who drink the water to have the disease.

"5. The susceptibility to typhoid depends largely upon the age of the person exposed, those under thirty being very liable to contract it.

"At the period when the young man arrived from the west (the first case) a prolonged drought had prevailed with extremely hot weather. The water in all the wells was at a very low stage, but at the farm-house where the initial case occurred there were two wells whose supply of water seemed practically inexhaustible. One of these wells was in the door-yard about fifty feet from the house; the other about two hundred feet from the dwelling in the barn-yard. The barn-lot was separated from the dooryard by a fence some thirty feet from the house and in it ran at large horses, cattle and hogs.

"Shortly after the arrival of the young man from the West (the first patient), the tank which supplied the en-

gine of the threshing-machine with water was cleaned out and filled with water from the barn-lot well and taken to the oats-field where the men drank from it freely. As this water from the barn-lot was contaminated with filterings from the urine and feces of the hogs, horses and cattle all about, there were not lacking those who attributed the outbreak to this cause.

"It will be recalled that the diagnosis was obscured for a time by the accidental administration of carbolic acid, and during this period the discharges from the patient's bowels, it was later learned, were thrown in the barn-lot. Hogs running at large in this enclosure may have conveyed portions of the discharges to the near vicinity of the well, where waste-water from filling the thresher engine may have trickled in the well.

"Two thirds of those having unmistakable typhoid were under twenty-five. Of the seven persons not attacked three were past forty-five years of age, one was thirty-four, the age of another is not known, and but two were under thirty. As sixteen of the typhoid patients, when in the full vigor of health, were attacked of the threshing party and at the farm-house where the young man came home sick, and some of them were at his bedside, the people in the community (some of them) concluded the disease was contagious."

Another possible source of infection should not be overlooked: The first patient's mother was housekeeper, cook and nurse all in one, and as we have seen, she gave the patient carbolic acid by mistake instead of his medicine, who shall say she did not make some such break as giving a drink out of a dipper or cup and forget to throw out what was not used by the patient; then needing some water in her cooking operations, she possibly used that which a moment before had been in contact with the patients' lips. In this or in some similar manner thousands of typhoid germs may have contaminated the food that the threshers ate.

The reader may smile at some of the typhoid-etiology advanced in the quotation from the report published in the Louisville Practitioner and News, but, all the same, I shall have to assure him that it was up to date only a little more than a generation ago. Furthermore in that period inflammation of Peyer's glands was regarded as the very essence of typhoid fever; indeed, so much was this the case that one would feel justified in saying, "No inflammation of Peyer's glands, no typhoid fever."

Needless to say that in the period of which I write the trained nurse had not as yet materialized. True she could be found here and there in the larger cities, but in the country districts she was absolutely unknown. This being true it can readily be seen how great was the handicap under which patient and physician labored in the old days. There is no disease in which a faithful, well-trained nurse can render more efficient and more next to indispensable service, than in typhoid fever.

As regards the cause of this endemic there was one person who entertained no doubts whatever. This was the mother who insisted that the outbreak was due to the decree of a just God who in this manner inflicted upon her a punishment for her sins and general wickedness! Think of it! A visitation such as this upon a good, faithful mother and a consistent member of a Christian church! Fortunately the general knowledge of the germ theory of the origin of disease with which most people are today familiar has served to minimize the possiblity of conclusions such as the above being arrived at.

Some years after locating in Champaign I was chosen a member of the Board of Education and I had not been serving long when reports came in that children in certain parts of the city were afflicted with obscure symptoms accompanied with a slight rash. The reports were confusing but on the whole suggested mild scarlet

fever. But owing to the fact that Champaign had no Health Officer the course to pursue was not as plain as could be desired. Finally I was appointed a committee of one to wait on our Mayor and see what could be done in the direction of appointing a competent Health Officer. I called on his Honor, an ethical physician, and he listened to my suggestion patiently and when I was through said they had a Health Committee made up of three aldermen and that *they* ought to be able to care for practically any emergency. After hearing what he had to say I began talking as one medical man to another and finally got him to promise to appoint a competent physician as city Health Officer. I took my leave and what was my surprise a day or two later to receive notice that I had been appointed to the place suggested. Furthermore, I was requested to call on the city attorney and make needed suggestions relative to a set of ordinances that would have to be drawn up to meet the new situation. In due time this was done and the ordinances were duly passed by the city council and signed by the mayor.

This done I got in touch with Dr. John H. Rauch, Secretary of the Illinois State Board of Health, and he very promptly supplied me with reprints and other literature telling me what to do and how to do it. Among other things there were specific directions how to disinfect a patient, how to disinfect a room, how to proceed in case a patient was dead after an attack of contagious disease. All this may sound strange to the professional reader of today. But he must recollect that everything must have a beginning, and that to this rule disease-prevention is no exception. Furthermore, all this was under the shadow of a great educational institution, the University of Illinois. Yet this educational center the home of a great State University allowed the decade of the eighties to run well through its length before its im-

malaria sufferers could claim the protection of a regular Health Official.

Not a great while after my term of service began, a local practitioner came to my office one day and said he guessed that he had a family in the northeast part of town in which there was a pretty well-marked case of diphtheria and that there were more of the children beginning to complain. I accompanied him to the house named and sure enough there was an outbreak of diphtheria. About two weeks before the oldest son had come home from attending a parochial school in a town some distance away, bringing with him his clothes, trunk and other belongings. In about a week he began to complain and later his case developed as narrated above.

The family was quarantined and as far as practicable the well children segregated from the sick, but in spite of all our efforts five of the nine children in the family died from the disease with which all were stricken. (This was in the late eighties.)

Despite our trying the hardest to enforce quarantine and disinfect properly the disease spread, found numerous victims in the Twin Cities of Champaign and Urbana and in the country surrounding and before it had burned itself out, so to speak, scores of children and some older full victims to its fatal inroads. In that period Behring's serum for the treatment of diphtheria had not yet come in use, though it did just a little later. The treatment consisted mainly of topical applications of such agents as chlorate of potash, carbolic acid, etc. Meanwhile quinine and various preparations of iron were given internally. While our earlier efforts at isolation and quarantine were not what we hoped for our later work secured better results. I recall one large family of children in which one of these was attacked with diphtheria and I prevailed on the family with the hearty concurrence of the medical attendant, to put the patient upstairs in a room to itself with the fewest pos-

sible furnishings. As the weather was warm, we easily persuaded the children to spend most of their time out of doors. The up-stairs patient finally recovered from a long serious attack of the epidemic ailment, but happily to say not another member of the family was stricken. This experience in less degree was repeated during the prevalence of the epidemic. Health-measures and health-enforcement were all new in that period and in many instances the people did not take kindly to these. Notwithstanding, however, and in spite of other handicaps that I was compelled to labor under I yet look back to my pioneer work during that diphtheria outbreak, now a full third of a century in the past, as quite possibly the most satisfactory in my long professional life.

Up hill, as most of my work was, yet I am sure that our quarantine and isolation, incomplete as it was, by preventing the infection of many, saved not a few lives as a final outcome. This, under the circumstances, I could but regard as cause for congratulation.

Very naturally after this experience in segregating the sick from the well my mind reverted to the Tolono epidemic of 1874, when we had no health laws, but when notwithstanding I wanted to put the first patient in an Irish family in an upstairs room but the father would not consent and as a result three out of the five fine children went to their graves.

Speaking of remedies employed in this epidemic, I recall one case of my own where I had the patient inhale the smoke from burning bituminous coal, a heroic measure that I had seen recommended in this disease.

During this epidemic I got the first Intubation Outfit in my county and was called in consultation a number of times to use it. As is not infrequently the case my first attempt at intubation was a "ringer" that is, a pronounced success. This was in a well-marked case of laryngeal diphtheria where I was called as the consultant. The child recovered and as I could but think I had

saved its life when asked for my bill I said one hundred dollars. At this the father "went up in the air," said I was a highway robber and more to that effect. He finally paid me fifty dollars and I let it go at that, though he was a thrifty farmer and land-owner.

I did a number of intubations but none of the results were as satisfactory as the first one. I recall one in which the operation was followed by the coughing up of a membranous tube and we all thought we would surely win, but the case terminated fatally, notwithstanding. I recall another in which death occurred very shortly after the operation, and I was blamed. Undoubtedly the child would have died anyway as its system was loaded with toxins and this fact should have deterred me from operating. But as things were I yielded to the desires of both the doctor and friends and tried to introduce the instrument.

In one case of laryngeal diphtheria where I was about to operate both parents kissed the child before I could stop them and when I remonstrated I think they thought me a brute.

In that day many believed croup and diphtheria were distinct diseases and in addition contemporary writers described what they termed membranous pharyngitis. During the prevalence of this epidemic my little girl aged about seven years began to complain of sore throat and to be on the safe side we put her in an up-stairs room to herself. In a few days she had a fit of coughing and calling to her mother said, "O, see what came out of my mouth!" And this proved to be what does the reader think? A membrane nearly half as large as a lead pencil. Meanwhile the patient's brother five years of age was attacked with sore throat and later coughed up a membrane precisely like his sister had done. Fortunately both patients made a good recovery. The boy grew to manhood, became an alumnus of the University of Illinois and a graduate of the Medical Department

of the University of Chicago, served an internship in Cook County Hospital, was a Captain in the medical service overseas during the World War and is now practicing in Terre Haute, Indiana. The daughter now in mature life is Reference Librarian in the University of Illinois. All of which last would have been blank had their throat trouble, which I later recognized was real diphtheria, proved fatal. Furthermore, I was no doubt the unwitting purveyor of the disease to my two children, yet in their years of innocence.

I said above that a generation ago the profession was pretty well divided on the question of the identity of croup and diphtheria. Indeed, a number, perhaps the majority, of the older practitioners always believed that croup and diphtheria were separate and entirely distinct ailments. And to be fair, they had much on their side of the argument.

Not one of the older physicians but what time after time had a case of well-marked croup that four times in five would go on to a fatal termination, and not another child, in what was often a large family, would be attacked. Again these cases nearly always developed quickly (I came near saying suddenly) with high fever, bounding pulse and all the other symptoms of what the older authors were fond of calling a *sthenic* condition. On the other hand no one who has seen much of diphtheria cases but will bear testimony to the very general *asthenic* condition of the patients. However, time brings about many changes, and today the profession is practically of one mind in believing that what the older men were wont to call croup was laryngeal diphtheria. Fortunately the almost universal use of Behring's serum that has come about has effected a wonderful influence in saving life in this dread disease. Meantime more rigid and better managed quarantine has had the effect to abolish epidemics of this disease such as were

known to practitioners of a bygone era. For all which let us be duly thankful.

Many, many years ago, Charles West, a famous English physician and author, wrote a work on Ulceration of the Os Uteri which had a world wide circulation and created a "vogue." A vogue for the treatment of ulcerated ostii with topical applications. Many were the doctors who stocked themselves with a set of uterine speculams, applicators of various kinds, swabs, sponges, and a due supply of astringents and caustics. Duly provided with this armamentarium not a few went on the war-path with seemingly the sole object of securing all the patients possible for treatment in this way. One man of my acquaintance who was in full mature life and had enjoyed a large obstetric practice became an especially enthusiastic worker in this field and the local applications he made to seemingly badly inflamed ostii were all but innumerable. Moreover, as it was in the days of pre-asepsis most of his work was to put it mildly, unclean.

Like most others, I in a measure "tumbled to the racket," provided myself with a modest outfit and did some of this work. However, as I never had much taste for gynecological practice patients thought to be afflicted in the way named, did not come to me in droves, so to speak, as they flocked to some of my confreres. Consequently my conscience is relatively clear, because in that pre-aseptic era with my limited number of topical applications I did not run the risk of making many worse after treatment than before as was the case with some of my competitors whose offices were at times crowded with patients of this kind.

However, this vogue for the local treatment of uterine ostii, that had been in full sway, in our "neck-of-the-woods," at least, was destined to sudden and complete eclipse when in 1879, or thereabouts, Dr. E. C. Dudley, a prominent Chicago gynecologist, fresh from

the clinics of Dr. Thomas Addis Emmet of New York, brought to us the startling information that all of this supposed ulceration was not ulceration but a "tear" which the mother had experienced in childbirth, and that instead of caustic and astringent applications for its relief the true cure was an operation. This operation was necessary and in the end curative because in childbirth the uterine cervix had been lacerated and at best had only healed in part. The torn surfaces as exposed were denuded with knife or scissors, drawn together and stitched with wire sutures which last were removed when healing had taken place. This operation had been given the name trachelorrhaphy, a sort of "jaw-breaker" it seemed at first. Dr. Dudley had grown to be an expert in performing it and likewise a most willing demonstrator of all that pertained to its technique. My confrere who had so long and so industriously been applying his astringents and caustics, speedily became a convert to Emmet's recently devised operation on the lacerated uterine neck and under the tutelage of Dr. Dudley, twenty-five years or more his junior, in due time came to be almost as skillful in operating as his teacher. Finally, the result of Dr. Dudley's frequent visits to our community and the marked aptness of his pupil was an *epidemic,* if one may so speak, of *trachelorrhaphies* which started in with the eighties, ran through the nineties and well into the twentieth century.

I recall an operation for the removal of a malignant growth from the abdomen of a middle-aged woman, made by two prominent Chicago surgeons in the late eighties. Antiseptic surgery had but recently come in vogue and one of its latest edicts was that all major operations must be performed under a warm, heavily carbolized spray and in a heated atmosphere. The patient operated upon was not mine, but that of a brother physician who very kindly asked me to be pres-

ent and witness an up-to-date operation. As there were many adhesions the operation was a long and tedious one, and before it was finished the atmosphere of the room in which it occurred became heavy with the fumes of carbolic acid and so heated that the thermometer must have run away up in the nineties. Out of doors was a winter atmosphere and I never felt anything more grateful than the breathing of this seemed after leaving the heavily drugged and stifling atmosphere of the apartment in which the operation had occurred. I was but an ordinary country practitioner, nevertheless when I recovered from the extreme depression which I felt just before leaving the scene of operation I said to myself "Well, if that is the latest and best environment up-to-date medical and surgical science can supply may an ever-kind Providence deliver me from it." In marked contrast to the foregoing I recall an operation I witnessed in Cook County Hospital, Chicago, some ten years later. It was an appendectomy by a skilled surgeon and in an atmosphere so cold that we all felt obliged to wear our heavy winter overcoats. The last named patient died as did the former. In the first case there were diseased conditions that made death inevitable.

XVII

MEDICINE IN THE EIGHTIES AND NINETIES

No calling in life is so sublimely epic as that of the physician.
—Journal of the American Medical Association.

THE decade of the Eighties was in medicine a period of transition, from the old to the new. At the beginning of this decade comparatively few in the profession at large admitted the truth of the germ theory of the origin of disease; at its close a very much smaller few had the temerity to question its truth and correctness.

Likewise at the coming in of the Eighties comparatively few practitioners made the endeavor to make use of asepsis and antisepsis. At the going out of the Eighties the physician who did not practice medical and surgical cleanliness was branded a "back number."

At the coming in of this decade Preventive Medicine may be truthfully said to have started on the quest to secure its own. State after State was added to the list of Commonwealths which put Medical Practice Acts on the pages of their Statute Books, and sought to add to the public weal with properly organized Boards of Health. Then too, at about the beginning of this Era the National Board of Health was organized, ran a brief existence and finally perished from want of funds and likewise from State Rights jealousy.

However, practically all public health endeavor and work were curtailed and handicapped for the lack of adequate financial backing. It was the old, old story, the welfare of cattle, horses, hogs and other livestock, in far too many instances, by the average legislator, was deemed of more significance and consequently received

more financial and other consideration than did the human animal.

While as intimated above the profession in general did not come to recognize the full truth and importance of the germ theory of disease till about the beginning of the eighth decade of the Nineteenth Century a number of earnest men, for a dozen years or more, had been working industriously to advance our knowledge along scientific and likewise more definite lines. Among the more prominent of these may be named Louis Pasteur of France and Robert Koch of Germany. Pasteur was born in 1822 and died seventy-three years later in 1895. Robert Koch was born in 1843 (the same year in which I for the first time saw the light of day) and died in 1910, aged sixty-seven years.

In 1882 Koch made his world renowned investigation that resulted in the discovery of the tubercle bacillus with its necessary corollary, namely, that tuberculosis was and is an infectious and contagious disease. The next year Koch discovered the cholera vibrio and demonstrated that its transmission most frequently occurred through the ingestion of contaminated drinking water and food. In this period Koch also formulated his famous postulates as follows: *First, the organism suspected of causing a given disease must be found in all cases of that particular disease. Second, this organism must be isolated from the diseased individual and reproduced in pure culture. Third, pure cultures of the organism when injected in a suitable animal must reproduce the disease. Fourth, the specific organism in question must again be isolated from the individual in which the disease had been reproduced.*

About 1880 Eberth discovered the typhoid bacillus since which time this organism is often called by the name of its discoverer, that is to say, the Eberth bacillus. Furthermore in the decade of the Eighties the diphtheria

germ, familiarly known as the Klebs-Loefler bacillus, was discovered. Edwin Klebs by the way was no common man and, indeed, was a true pioneer in working out the germ theory of the origin of disease, and consequently in this field no one is entitled to more honor. It is said that Klebs antedated Eberth in the discovery of the typhoid bacillus, investigated the pathology of traumatic infections before Koch and inoculated monkeys with syphilis before Metchnikoff. By the way it was in the Eighties that Metchnikoff in his studies of inflammation unearthed the fact that the white blood corpuscles have the power of absorbing bacteria, technically called phagocytosis, and thus curtailing disease generation. In this era Louis Pasteur evolved his vaccine therapy for the prevention of some ailments and the arrest and treatment of others. His methods were especially effective in hydrophobia and anthrax.

In May, 1886, The American Medical Association met in Saint Louis, Missouri and during the session Dr. Reginald H. Fitz read an epoch-making paper, entitled, "Perforating Inflammations of the Vermiform Appendix, with special Reference to its Diagnosis and Treatment." The paper was based upon an analysis of 257 cases of unquestionable perforating ulcer of the appendix, and 209 cases diagnosed as typhilitis, perityphlitis and perityphlitic abscess.

In the way of treatment, Dr. Fitz recommended rest, liquid diet and opium to quiet pain. However, if the symptoms were of a character to threaten peritonitis incision and removal of the appendix was thought to be indicated.

This paper of Dr. Fitz attracted world-wide attention, the trouble soon came to be known as *appendicitis,* and very soon thereafter this disease received general recognition, the operation of *appendectomy* was devised and in due time became popular,—much too popular it

is feared with some operators. I was long ago fully persuaded that appendectomy when used in properly selected cases is as legitimate an operation as any other in the whole domain of surgery. Nevertheless, and notwithstanding the legitimacy of appendectomy, some practitioners are disposed to resort to it for each and every ache and pain any where in the vicinity of McBurney's region which is supposed to define the limits involved in an attack of appendicitis.

No doubt that on the whole properly performed appendectomies have been the means of curtailing much suffering and saving many lives. Furthermore for nearly a generation it has added greatly to the net income of physicians, well earned in most cases. However with some, fortunately a small minority, it has been greatly and sadly overdone.

Naturally the epoch-making paper of Dr. Fitz made him famous. He was very near my own age. He died in 1913 from ulcer of the stomach, aged 71.

It is an interesting fact that the need for operation in many appendeceal cases came to be apparent, near the same time that antiseptic surgery became of practically universal application, let the case be of whatsoever character.

Notwithstanding the fact that it may be said that Pasteur's discovery of the germ theory of the origin of disease is only a little less important in the field of medicine than was Newton's discovery of the law of gravitation in the world of physics yet it took some time to convince many in the profession of its truth and tremendous significance. It is said that when Harvey, three hundred years ago, announced his discovery of the circulation of the blood it met with such opposition that no physician beyond forty years of age would accept it. In the end the great majority of physicians a generation ago accepted the germ theory but even many of the most

prominent were slow to do this, "felt their way," as it were, which was only proper.

When in 1885 Dr. William Pepper of Philadelphia brought out his most admirable System of Medicine, in his preface he referred to the germ theory as a "matter which is still *sub judice,* and which demands much more critical and skillful investigation before its true scientific position has been finally determined." Dr. Pepper was one of the ablest medical men of his generation and died all too soon, July 28, 1898 of cardiac dilatation while yet in his fifty-fifth year. He, too, was very near my own age being forty-six days my senior. Query? Why was I, just an ordinary country doctor, left and he, so able, so useful, and so much needed, taken? At the time of Dr. Pepper's death he was Provost (President) of the great University of Pennsylvania, filled the chair of Practice in its Medical Department and was a leader in a number of other important movements. He was an untiring and ceaseless worker and was wont to throw his whole soul and energies in whatsoever he was engaged.

Dr. Henry Hartshorn wrote the chapter on Etiology in Pepper's System of Medicine and referring to the germ theory said, "So far this inquiry is not yet terminated, while experiments and observations become more and more numerous and elaborate, opinions continue to differ; and we must await the time when, by successfully excluding, one after another, all the sources of error, a truly scientific conclusion may be obtained."

While the decade of the Eighties was the period in which the germ theory of the origin of disease was in the fullest sense *sub judice* the decade of the Nineties was the period that marked its full acceptance by practically all up-to-date physicians; all of whom were made happy in the realization that this theory lighted up very many hitherto dark corners and crannies in medicine, explained much that had been puzzling and enabled

them to see many things clearly that heretofore they had seen only as "through a glass, darkly."

In the Eighties Dr. Alfred L. Loomis, Professor of the Practice of Medicine, University of the City of New York, and one of that city's most able practitioners, published an excellent work on Theory and Practice in which he at first hesitated to adopt the germ theory, but in his 1890 edition made use of it in toto and did what few other authors did, included in his opening chapter a brief summary of the science of bacteriology.

Dr. Osler in his hard-to-equal work on Theory and Practice, the first edition of which appeared in 1892, accepted the germ theory so completely that he did away entirely with the usual preliminary chapters on pathology with its well-worn (but now scrapped) theories of inflammation which hitherto had been regarded as little short of the very corner-stone in practically all disease processes, and instead, started boldly out with a description of typhoid fever.

While I am not sure that Dr. Osler was the pioneer in thus "taking the bull by the horns," as it were, and started boldly out in his description of individual diseases at the outset, I have observed that most authors since have adopted the same policy.

He was a very able man, the ablest internist I can but believe in the English-speaking world of his day. Later he accepted the chair of Practice in Oxford, and a little later was knighted and became Sir William Osler. In the great world war he lost a son on the firing-line, if I remember rightly, and this grieved him much. Not long after the end of the great war he was stricken with pneumonia and died, aged 71 years, regretted by the whole medical world and many laymen. Osler was a fine looking man, was gentlemanly in his ad-

dress and in every way filled one's ideal of what a manly man should be.

One of the great medical men of the nineteenth century was Dr. Austin Flint author of one of the very best text-books on Theory and Practice. Dr. Flint had the faculty of presenting what he had to say in clear, terse English and knowing when he had said enough.

Furthermore in example, if not in words, he entered his protest against the polypharmacy of many, perhaps most, of his predecessors and contemporaries. Dr. Flint died in 1888 and not long before his death expressed his conviction that the germ theory of disease, that was then being "weighed in the balances," as it were, was destined to have an almost unbelievable influence on future medicine.

It was said that Dr. Flint originally qualified himself for surgery and practiced it exclusively for a time, but later abandoned it for internal medicine because of his dread of mal-practice suits, much more liable to follow in the wake of the first-named branch than in that of the latter.

In 1880 Dr. Roberts Bartholow became the author of an admirable work on Theory and Practice, which like Flint's work was clear and concise and like Osler's Practice a number of years later began the description of disease "right off the reel" without a preliminary chapter on inflammation, pathology, etc. Furthermore he was favorably disposed towards the germ theory and so expressed or implied his belief in many of his descriptions of contagious diseases. Dr. Bartholow died in 1904 at the age of 72 years. His friends thought he should have lived longer and some of them questioned the wisdom of his resigning the chair of Practice in the Medical College of Ohio, Cincinnati, to accept the one of Materia Medica and General Therapeutics in Jefferson Medical College, Philadelphia. As matters turned out he found

competition very much more strenuous in Philadelphia than in Cincinnati and his friends believed that this conduced to a nervous trouble which later developed and finally contributed to his death. Dr. Bartholow was a hard student, an industrious worker, a good teacher and in addition to his work on Practice, was the author of a number of text-books, one of the most popular of which was on Therapeutics. Unlike Dr. Flint Dr. Bartholow was a very pronounced believer in the power and efficiency of drugs.

Speaking of works on Therapeutics one of these by Ringer, an English physician was very popular and emphasized the use of drugs in much smaller doses than had hitherto been the custom. To no little extent Bartholow in this particular, followed in the footsteps of Ringer.

As said before many were slow to accept the germ-theory of the origin of disease and some refused to do so to the end. Notably among the objectors was a no less personage than Dr. N. S. Davis of Chicago who in the late seventies wrote a long article strongly condemning the germ theory and which appeared in the American Practitioner of Louisville, Kentucky. Later in his major work, The Principles and Practice of Medicine he lost no opportunity to express his dissent from this theory and in the second edition of this book issued in 1885, five years after the discovery of Eberth's bacillus, in his article on typhoid said, "And we are assured by these authors that the disease (typhoid) never originates in any house or locality until these specific germs have been introduced from previous case or cases. They contend that the poison never originates *de novo,* from any amount or kind of decomposing animal excrements unless the specific typhoid germ be present. . . . Indeed, gentlemen we have no direct or positive evidence that this much-talked of "typhoid germ" has any existence except in the human imagination."

So much for one of the most prominent "objectors" and his attitude towards the germ theory. Dr. Davis had long been Chicago's most prominent physician, was the Father of the American Medical Association, and lived to become the Nestor of American Medicine, notwithstanding the fact of his adverse views on what proved to be the most important medical discovery of modern times.

But while Chicago's most eminent physician uncompromisingly opposed the germ theory, one of her prominent surgeons, an eminent pathologist, Dr. Christian Fenger did perhaps more than any one else to prove to all within the sphere of his influence, the truth of this then new conception in the medical world.

During the mid-nineties, or a little earlier, Röntgen discovered the X-Ray which has proved a most valuable aid in the diagnosis of troubles in the interior of the body.

In the late nineties Pierre Curie and his wife discovered radium which has seemingly cured some cancerous cases and relieved others. However both the x-ray and radium are powerful agents and the former in the early days of its therapeutic use cost the life of more than one medical man, in his zeal to test and prove the virtues of the new and yet-to-be-tried remedy.

In 1898 came the Spanish-American War and as the germ theory had come to be generally accepted by the profession and supposedly great progress made in disease-prevention all, seemingly, had good reason to expect a much less relative prevalence of the infectious ailments than was the case in the Civil War. Unfortunately these hopefully minded people were all doomed to disappointment. Shortly after the soldiers began to assemble in camps typhoid fever began to show itself and before the end of the struggle a surprisingly large per cent of the men were infected and many deaths oc-

curred. Indeed, many more died from typhoid than from the enemy's bullets. This experience was very unfortunate and to an extent, was a reflection on the Army Medical Department, but it had the effect to stir those in charge to make a most thorough and scientific investigation and if my memory serves me correctly a special Commissin was appointed for this purpose of which Dr. Victor C. Vaughan of The Medical Department of the University of Michigan was a most active and efficient member. One of the important revelations of this work was that the common housefly, since most properly called the *typhoid-fly,* was the purveyor of this disease in very many instances. Powdered lime was sprinkled on the excavations (called latrines in army circles) made in the soil not far distant from the cook-tents, for the toilet uses of the men. In due time flies with powdered lime on their wings and feet were found crawling over the food in the nearby cook-tent. Thus was one made to see how easily the typhoid bacillus could be carried to food that would later be ingested by the men. Moral: Screen the food and likewise, when possible screen the latrines as well.

This Commission for the first time brought out the fact that certain individuals after recovering from an attack of typhoid became and for long, remained "carriers" of that disease. In fact it developed that certain soldiers had suffered from typhoid while in civil life, recovered, passed the physical examination, donned the army uniform and to all appearances were healthy, yet were "typhoid carriers,"—real purveyors of that very serious disease. Subsequently it developed that certain individuals have the misfortune to act as "carriers" of any one of the contagious diseases from which they were attacked. "Strange but true," indeed, too true one feels constrained to say.

During this period the patent medicine man was in flower and numerous cities in this country had within

their limits palatial homes that the maker and vendor of some cheap *cure-all* had built and furnished from his ill-gotten earnings. In that period the patent medicine man was as soulless as one well could be. Some inert compound he did not hesitate to advertise as a specific for tuberculosis, cancer and other ailments that the most advanced science had failed to find a remedy for. But what cared the unprincipled patent medicine man so he could induce the poor victim to buy and make use of his boasted cure.

But the *sex field* was where the patent medicine man reaped his biggest harvest. He would get up little booklets detailing the awful effects of certain youthful practices. And having seen that this got in the hands of his intended victim he had ready another "screed" explaining how the free and long continued use of a certain one of his *cure-alls* would surely and in time bring relief to the poor deluded youth. In this period I had a housefull of boys in or near the high school age and either I or my wife watched the front door to get hold of this vile literature that our front porch was regularly besmirched with.

Fortunately before the nineties had run their full course the Journal of the American Medical Association began the exposure of some of the more flagrant methods of the patent medicine man and in due time things began to look better. Indeed, under the continuous hammering and pounding of the Journal of the A. M. A. our front porch, along, I take it with thousands of others in this broad land, has become absolutely free from the old-time filth with which it was once polluted. This class of vicious patent medicine men were wont to get the names of high-school pupils from the printed catalogs and mail them their nasty publications. Fortunately the propaganda of the Journal of the A. M. A. has been the means of showing up and driving to their hiding-

places most of the vile wretches who plied their vicious game.

As said elsewhere the whiskey or some other form of alcohol that entered into the make-up of most patent medicines *was,* and *is,* the chief element in their popularity in many instances.

XVIII

MOSTLY ABOUT THINGS, HORSES AND PEOPLE

Hour after hour has found
The good physician on his round.
Oliver Wendell Holmes.

CHAMPAIGN County is in the heart of the Illinois corn-belt and the soil is a black loam wonderfully fertile and productive, but O, what a muck and mire it becomes after a heavy rainfall. Indeed, the roads at times become impassable. Especially was this true forty years ago. Sometimes in February and March there would be a rainy season or melting snow and then a moderate freeze with the result that a horse would break through at every step which rendered the going as bad as could well be imagined. More than once under these circumstances I have left my horses in the stable, put on my rubber boots and visited my patients on foot. When the roads were bad for a wheel vehicle I always preferred to make my way on horseback. I had a pair of hand-made saddle bags that I got from an older physician, who had cut out his country practice, that served me admirably for a long period. I have gone in the saddle in all kinds of weather and of the darkest nights—so dark on some occasions, indeed, that the horse's head was next to invisible. Under these circumstances I would give full rein to my trusty four-footed friend and he never failed to carry me safely to my destination.

I cannot recall that I ever lost my way or failed of a dark stormy night to answer the call as requested. However, one of my competitors was called to visit a certain family one very dark night and as he did not get there as expected I was called up over the phone and in

response got in the saddle and in due time ministered to the patient's wants as seemed needed. Next morning my competitor came in my office and asked if I had last night visited Mr. Blank's in the country. I answered that I had.

"Well," he said "I tried to, spent half the night trying to find the place but finally gave it up as a bad job and came home." Then he took occasion to make the air all about blue with "cusswords." He was a man with much energy and perseverence and I wondered that he would permit himself to "fall down" as he had on this occasion. However the roads were very bad and as he was in a cart he was in this way under a handicap as compared to the saddle in which I found my way successfully.

Speaking of the one-wheeled cart there was a period in the late eighties and early nineties when this vehicle was popular with the country practitioner and likewise with the people at large. And by-the-way I recall a very sad case where a young woman, a very capable school teacher, was driving in one of these carts when the horse became frightened and jumped suddenly which threw the occupant out and most unfortunately she fell with her head between one of the wheels and the step and as the horse was running the poor woman was found later in the position described with her neck broken.

After a period of eight or ten years these carts went out of use and all returned to four-wheeled vehicles and remained true to these till the coming in of automobiles in the twentieth century.

I got used to the saddle and came to use it a great deal in my country practice. This mode of travel served to bring one in much closer relations with the faithful horse upon which every physician had necessarily to depend entirely in the old days, especially of nights; if one was in the saddle the horse seemed to be real com-

pany, so intimate, at such times, was the relation of horse and rider.

The best doctor's horse I ever knew was "Old Jack," the property of one of my physician friends. "Old Jack," so called from his long and faithful service, was jet black, was near thirteen and one-half hands high, weighed about one thousand pounds, was clean limbed and muscled like a prize-fighter. "Old Jack" never seemed to get tired and was hence always fresh and ready for service. His owner retired from practice and for a time I had the use of this remarkable animal and found great satisfaction therein. He rendered good service till he passed his twenty-fifth year and finally died of old age when well in his thirties.

When a boy much of my time was spent on the farm, consequently I saw and learned much of horses and this added to about forty years' contact with them in my professional life has made me think that the average person does not realize what this noble animal has been in the life of man. Indeed, next to the dog no animal comes in such intimate contact with humanity as the horse. Yet how the poor horse has been abused! I think there are few men who have used horses much who cannot look back and wish that, in certain instances, they could have been kinder to this most useful servant and here I will insert something from an unknown writer, though especially pertinent, namely:

THE PRAYER OF THE HORSE

"To Thee, My Master, I offer my Prayer: Feed me and take care of me. Be kind to me. Do not jerk the reins: do not whip me when going up hill. Never strike, beat or kick me when I fail to understand what you want, but give me a chance to understand you.

"Watch me and if I fail to understand your bidding, see if there is not something wrong with my harness. Do not give me too heavy loads. Never hitch me where

water will drop on me. Keep me well shod. Examine my teeth when I fail to eat; I may have an ulcerated tooth. That, you know is very painful. I am unable to tell you in words when I am sick; so watch me and I will try to tell you by signs.

"Pat me sometimes; I enjoy it and I will learn to love you. Protect me in summer from the hot sun. Keep a blanket on me in winter weather, and never put a frosty bit in my mouth but hold it in your hands a moment first.

"I carry you, pull you, wait patiently for you long hours, day or night. I cannot tell you when I am thirsty; give me clean, cold water often in hot weather.

"Finally when my strength is gone, instead of turning me over to a human brute, to be tortured and starved, take my life in the easiest and quickest way, and your God will reward you in this life and in Heaven. Amen."

Fortunately for the horse the automobile has come to stay and relieve the poor, jaded beast of many of his oldtime hardships and burdens. The use of gasoline, while expensive in this era of the World War and makes us loosen our purse-strings, yet it does not tug at our heart-strings as did the excessive use of horseflesh, that was sometimes resorted to.

No one who has not "been through the mill" can in any sense realize the terrible weight of responsibility that at times is thrown on the shoulders of the country practitioner. For illustration, he is called to attend an obstetric case ten miles in the country in the month of March with roads barely passable from a siege of rain, snow and mildly freezing weather. The case progresses slowly, midnight has come and with its advent the patient is all at once seized with puerperal convulsions, and the nearest telephone is three miles distant. There is but one thing to do, namely, dispatch some one to go to this telephone as quickly as poor horseflesh can carry

one over the terrible roads, and when one's destination is reached, call up a consultant and request him to come as speedily as possible to the aid of the physician who is meantime "sweating blood" at the bedside of the parturient woman who is scarcely out of one convulsion till she goes into another. In response to the call the consultant wraps himself up warmly, gets in the saddle and starts out to make his way over the miles and miles of roads that he has to traverse with his horse, meanwhile now on top of the imperfectly frozen ground and now breaking through.

Meantime in and about the bedside of the suffering woman all is fear and anxiety. In one of the harder paroxysms she has bitten her lips and cheeks and now the blood is flowing from her mouth adding horror to that which the family and friends have already experienced. The physician has meantime administered bromide of potassium in heroic doses and when possible has had the patient inhale chloroform, but all to no purpose for as said before the patient is scarce out of one spasm till she passes into another. As the hours pass it is noticed that she is growing weaker. Her pulse is much smaller in volume and at last is not much more than a mere flicker. Her features assume the palor of death. Meantime the convulsions while much less violent are almost continuous.

A little later the countenance that was convulsed and horrid to look upon became as placid as marble for all was now stilled in death. A moment before the patient had taken her last breath the consultant came to the bedside, just arrived after as hard a ride and as difficult a trip as could be imagined and what could he do? If he was born with a due amount of the milk of human kindness in his heart he would endeavor to "edge in" and if possible work his way just a little under the great load of responsibility his brother practitioner had

shouldered and if possible ease this up a little by kind and sympathetic words accompanied with the suggestion that such unpleasant things happen about so often and that first or last every busy man will run up against a case of this kind. "Misery loves company" and even to be reminded that one's harrowing experience had been matched by that of another mortal, carries at least a grain of consolation.

In this instance this man was obliged to administer chloroform without professional assistance. Some years ago I knew of a doctor, a country practitioner, who practiced in an adjoining county to my own, who had some kind of an emergency case at a farmhouse and so had to administer an anesthetic unaided by another physician. Later the people whom he had served brought a suit against him for mal-practice, but when first one and another country doctor went on the stand and testified that time and again he had been compelled by circumstances to give an anesthetic without professional aid the jury after a short conference found for the defendant, and for their pains, the prosecution had to pay a good round sum in the way of court-costs, besides attorney fees and other expenses.

Not many years ago in this county one of our ablest country practitioners was haled into court because of an alleged injury to one of the hip-joints of a woman during labor complicated with convulsions. Of course the indication was to terminate labor as quickly as possible, and it is surmisable that in striving to accomplish this, prompt, and no doubt heroic, means were resorted to, but fortunately for all save the doctor, the woman made a good recovery. Not content with this the patient and their friends brought suit against the doctor, who had saved her life, for mal-practice. After a long and hardly contested trial the jury found for the defendant. Here I will venture to repeat a question asked before in these pages:

Reader have you ever been the defendant in a malpractice suit? If you have you have been made to realize how close one can go to the gates of hell and yet not be pushed entirely through.

The medical man who could and would stoop so low as to aid and abet in one of these suits should and would for ever after be held in contempt by all right thinking physicians.

Some pages back I started out to speak of the terrible responsibility that the country doctor not unfrequently finds he has to assume with no help other than his own individual shoulders. Cases not so immediately "heart-straining" as the puerperal-convulsions patient referred to, but nevertheless of a degree of gravity sufficient to produce great anxiety, occur with comparative frequency. Possibly it is a case of serious injury where seemingly life and death depend on prompt and proper actions. Maybe it is a puzzling diagnosis where a right decision is urgently called for. Maybe it is a case in a prominent family where the physician feels that his professional reputation is literally at stake. In all these instances and, indeed, a thousand and one more, there is not time nor opportunity to call in helpful counsel. In a city or larger town how different! A call over the telephone and in a short time a consultant is by one's side. A consuultant, moreover, who is specially trained in the line in which the case in hand belongs.

All this leads me to say that the country doctor should be and, indeed, from absolute necessity not unfrequently, gets to be an "all-arounder" in practice: Surgeon, Internist, Obstetrician, Gynecologist, Eye and Ear Specialist, Dentist, Alienist, Veterinary, and more if possible. And what is more strange, the wide-awake, hard-headed country doctor often-times becomes something of an expert in most of these branches.

Talk about your Great City Doctor! When it comes

to facing *heart-straining* difficulties; to making quick decisions; to acting promptly; to getting-by with the all but insurmountable, he isn't in it with many country practitioners. Yet how many of these last who answer every call, and overcome every obstacle, have small incomes, live humble lives and finally go to their graves "unheralded and unsung."

I have in mind one such who spent the greater part of his life in a wealthy community, who never let an opportunity go by to relieve suffering, who never kept books, who never presented a bill, and when some well-to-do patron would come in and ask how much he owed, would be answered with the words, "O give me ten dollars," this when fifty or more had been fully earned. I am sure the reader will agree with me that this man did a great injustice to himself and family alike, particularly when it is stated that he never had a home of his own. Had he been thrifty and charged and collected what was due he could on the credit side of his ledger every year have had enough to pay for a neat cottage in that day and place of cheap homes. I have known more than one country doctor to mistreat himself and family as did this one. On the contrary I have known two or three country practitioners who never had charity patients (nor dead-beat cases) for the reason that they had the faculty of "getting blood out of a turnip," that is to say they had a genius for collecting what most people would denominate worthless bills.

I had one professional acquaintance who certainly belonged in the last-named class and who seemingly had little thought or care for his cases beyond the money he would derive from treating them. The community in which this man lived were wont to criticize him without stint for his very evident selfishness in all that he did professionally, and yet when some years later he decided to remove to another locality the Masons and other or-

ganizations to which he belonged, went to no end of trouble to "speed the parting guest" with demonstrations of "esteem and respect." Some years before a colleague of this man's of precisely opposite type and who was often spoken of as one who had "heart" in all he did for his patients, (and he was devoted to them), nevertheless when some years later he moved to another State, not a move was made by any one in the village to show the community's appreciation of what he had done and sacrificed for its sick. And after all of his years of hard labor he went away empty handed. If he had his reward it was of the kind that one carries in one's bosom.

Regarding the altruistic side of medicine I knew of the following: a certain practitioner was many years ago called to see a man who in the late summer season had been working with a threshing machine and from either the food he had eaten or the water he had used to slake his thirst had become infected with typhoid. This man had a wife and three children, a boy aged nine, a girl aged eleven and a second thirteen years of age. The family lived in an old house of four rooms and their means were limited.

In that day disease prevention in this country was just beginning to be put in practice and as a result most infectious ailments were not arrested at the first outbreak as is often the case today. Furthermore, the trained nurse had not yet appeared save in the larger cities. But had a nurse been obtainable the sick man's circumstances would have forbid the expense her employment would have necessitated. As matters fell out the man's wife had to fill the three-fold role of housekeeper, cook and nurse. In due time the patient began to improve but before he was able to leave his bed for only part of the time his three children were stricken with typhoid. The heroic mother rose to the occasion, nursed the patients, kept the house and cooked the food,

and how she managed to do this clear through was the wonder of everyone cognizant of the circumstances. She was a little woman and so slight in stature that she would have been the last one picked out for what she stood up under till the end. The old adage tells us that, "the back is always braced to the burden." In this little woman's case the burden turned out a terrible one for no sooner had her three children passed well into the second stage of typhoid than the husband and father took a relapse, went from bad to worse till death came and took him from a family that stood in much need of his care and help.

Finally at the end of a long, tedious siege the three children slowly began to recover. Meantime a friend of the family collected one thousand dollars on an insurance policy the deceased father and husband had carried on his life, and before turning this over to the family went to the office and asked the physician who had cared for the stricken ones the amount of his bill. This was looked up and when the amount was offered from the insurance money, the physician said, "Wait a moment. What has the family besides this insurance money?'

"Nothing," was the reply.

"Well,' said the physician, "if that is the case I will take nothing at this time.'

"Why," said the man, "you had better collect your bill out of this money, you will in all probability never have the chance again."

"Chance or no chance,' replied the doctor, "I would be in effect taking the bread out of the mouths of those poor sick children and I simply won't do it."

Time went by, the sick children all recovered their wonted health, and fortunately for all concerned a degree of good luck came to them that enabled them to pay their doctor bill, though my generously-disposed medical friend would not accept this till he had satisfied

himself that the erstwhile stricken family could afford it.

One of the most unpromising cases I ever had was a case of puerperal sepsis that set in about a week after confinement and that was under the care of another physician till a day or two after the occurrence of the complications. When first called to this case it seemed to me I had never seen everything connected with a case so thoroughly discouraging. The patient was in an absolutely filthy condition. Her linen was dirty, and the few scanty furnishings of the bed she was lying on were as filthy as can be imagined. The house in which she was lying consisted of two small rooms, one in front and one in the rear. The main room was made of "up-and-down" rough boards and back of this was the shed-room, or "lean-to,' that was used as a kitchen. The furnishings of the house were mean and bare to the last degree. The weather was cold and about the room were a number of dirty children ranging from a two-year old on the floor to a slatternly girl of sixteen. The head of the family, a man we will call Smith, was unique in appearance, in manner and in character. He was tall and slender, had a long, thin face, very dark complexion, and wore a short thin beard that was always tobacco-stained. Except in cold weather he was always in his shirt-sleeves, and generally his trousers were held up by one suspender made of bed-ticking in which the stripes were almost obliterated by dirt. He was abrupt in manner, very decided in his opinions, and very tenacious of these when once formed.

When the patient had been in my charge for two or three days I asked for counsel. My request was granted and a medical man noted for his stylish dress and general handsome appearance was called in. We went over the case carefully and agreed upon a line of treatment and after going to the bedside of the patient and saying some cheery words for her benefit and a word or two of explanation to some members of the family,

passed out of the door to take our departure. Before reaching the gate we were accosted by Smith who addressing the consultant, said, "Whats the damage, Doc? Don't know's I got 'nuff change bout me today to settle, but mayby I cin manige to skeer up the stuff."

The consultant, who was a very dignified man and not used to being familiarly called "doc," said in reply and in measured tones, "My fee, sir, is twenty dollars." With his left hand Smith gave his trousers an extra lurch and ran his other hand in one of his pockets and pulled out what proved to be a roll of bills as big as a man's arm. Spreading these out across the palm of his left hand he turned over a number of ten, five, and hundred dollar bills before the twenty-dollar note was found. Seizing this between the thumb and finger of his right hand he held it out to the surprised man of medicine saying at the same time, "Guess I cin settle with you after all, doc."

We got in the buggy and had driven quite a little distance before anything was said, when the silence was broken by the doctor at my side, saying much as if he was talking to himself, "Who would have thought it?"

"Thought what?" I asked.

"Why, who would have ever thought that that rag-a-muffin could have had so much money!"

Returning to my patient, let it be said that a few days later a large abscess pointed in the left illiac fossa and when this was opened nearly a pint of pus escaped. Finally, notwithstanding the many unpromising circumstances connected with the case, the patient made a good recovery.

Doctors are sometimes made the recipients of remarkable medical information. Country doctors, when away from home are most likely to be such recipients for the reason that generally being plainly dressed they are

frequently mistaken for members of some other vocation. I was once making a considerable journey on the cars and after I had proceeded some distance on my way a shabbily dressed old man took his seat beside me and very soon manifested a desire to be sociable and talkative. From what he said I learned that he had spent his life as a small farmer and after enlightening me for quite a while about crops and soils the conversation was suddenly turned in another channel by a man, that with the aid of a cane, came limping in from the platform of a little station where the train made a short stop.

"I 'low that feller's got the rumatiz,' said my companion. "I used to have purty hard twinges of that complaint myself 'afore I found out how to git shet of it."

And then eyeing me sharply for a moment and imagining he saw a look of inquiry on my face he put one hand in his pantaloons pocket and pulled out a little, dried-up, scaly, irregular-shaped substance about the size of a walnut, and holding it up before me said:

"Stranger, do you know what that is?"

I took it in my hand and noticed that it was hard, dry and shriveled, consequently several things suggested themselves, but nothing very definitely, so I frankly admitted that the specimen was one that had a place without the bounds of my knowledge.

My companion promptly came to my relief by saying, "Why, stranger, that air is jist a common tater that's got dry 'n hard by me carrin' it so long in my briches pawket. A year ago last March I was tuk with rumatiz pains in the small of my back, in my shanks, and in the cuplins of both my legs and after tryin' most ev'rything sich as rubbin' camfire, hartshorn and the like an old woman who was mighty handy in sickness told me to git jist a common tater and carry it in my briches pawket. 'Peared to me thar was no harm in tryin' such a simple thing, so I got hold of a tater 'bout

the size of a pullet's egg, put it in my pawket and it's ben thar every sence. Wouldn't take ten dollars fur that tater, Stranger, 'kase it hadn't ben thar a month tel my rumatze was plum clean gawn.''

Throughout the old man's rehearsal I listened attentively and this must have pleased him greatly for when the train whistled for the station where he was to get and he rose in his seat preparatory to leaving the car, he turned to me and said:

''Stranger, what mought be your name?''

And when I had told him he added:

''Skaggs is mine, and as I jist had some picturs tuck I b'leve I'll leave one 'long o' you.''

And with that he handed me a photograph that I at once recognized to be a very good likeness of himself.

Upon one occasion when I was returning from the West I took a train at Kansas City and in the same seat with me was a man who was quite inclined to be talkative. After some conversation he began to discuss typhoid fever.

''Seen lots of typhoid fever,'' he began. ''It's mighty cur'us sickness. When you got it the disease plugs up the little nerves that goes to the bowels and you got to git hold of sumpthin' that 'll clar um out or you are a goner. I had it and they all thought I'd die shore, and I guess I wouldn had'nt it ben for a accident.

''One day when they'd all gone out'n the rum whar I was sick I all of sudden got awful thirsty for a drink, jist pear'd like I couldn't wait another minit my mouth and tongue was that dry and parched. In the corner of the rum whar I was sick thar was a bucket of water settin' on a shelf and a tin hangin' on a nail by it. It look'd mighty temptin' when I was famishin' fur water. So I up and made fur it. But I was that weak that I staggered and fell jist before I got to the water and in throwin' out my hand to ketch on to sumpun' to hold

on to, got hold of the bucket, turned it over and I was jist as wet as if I had jumped in the crick. The noise I made in fallin' brought the folks in and they was skeer'd wus'n me.

"Well, they tuck hold of me and carried me back in bed, got dry things on me and next day I was better and followin' that got well right along. Now my notion is that fallin' down and havin' that water spillin' all over me loos'd the plugs in all the little nerves where the sickness had settled, and that goes to the bowels, so that after that the nerves was holler clean through same as afore I was sick, and resultin' from the accident I got well."

Another time I boarded a train and in the car which I had entered found all the seats occupied but one and in the end of this, next the window, sat an old lady. For quite a time my fellow-passenger said nothing, but by and by when the train had crossed a bridge that spanned a creek and on the further side was passing over a considerable bottom land, the old lady, whose attention had for sometime been fixed on something she saw through the car window, exclaimed, "Sakes alive! Who ever see'd so much boneset! Whole acres goin' to waste! If I only lived handy I'd gether whole armsful of it!"

Then turning to me she said, "Boneset 'll k'yore more complaints than eny medisun I know 'bout. And the Good Lord knows ef I haint had sickness plenty to make me know 'bout a sight of medisuns. But you got to be mighty keerful in getherin' boneset 'nd that's why I nearly alers pick mine myself. I count on alers havin' three bunches of boneset hangin' in the loft. One bunch with the leaves turned up when the getherin's done, that's good fur uppish like complaints, sich as coughs, pukin' and the like. Another bunch that has the leaves turned down in pickin', that's good for bowel complaints, flux, gravel and sich things as is downish like.

Then another bunch has the leaves straight out jist as they grow, and a tea made out of this same as is the case in the other bunches, 'll start the sweat straight out through the skin in no time."

Adolph Plogue and Gotalope Stine were two of my German patrons who always reminded me of one another, not because they were alike, but because they were so different. Gotalope Stine was polite, good humored, sunny and always carried on his face a broad smile that made one think of the new moon. To the judgment of his wife Katherine he nearly always seemed to defer, nevertheless, he was as far as possible from being a henpecked husband as his faithful frau was as good natured and as obliging as himself. Something less than a half dozen little Gotalopes and as many young Katherines (all of whom came by their sunny natures honestly) kept the Stine household from settling down into a state of dullness and hopeless insipidity.

With his cheery nature it was only natural that Gotalope Stine should look on the bright side of life, and see through every cloud to the silver lining "beneath." Many were the times I tried to tempt him into talking discouragingly by such remark as "Gotalope, the roads are very muddy."

"Yaas," he would reply, "but da sun cooms queck out and da vinds plows soon 'vill be try roats, alretty."

Another time I would say, "Gotalope the oats crop is poor this year."

"Yaas," he would answer, "but dot's ol right, next year pring, goot, pig crop, olretty."

Upon another occasion I would remark, "Gotalope they tell me the corn crop will be rather short."

"Who say'd dot? Mine is goot. Not pig on da cop, but 'vays havy 'ven it is shaled out, olretty."

On the other hand with Adolph Ploque the world was always awry and nothing went right. And pre-

cisely as I had tried to tempt Gotalope into talking of his prospects discouragingly, I endeavored to beguile Adolph into speaking hopefully of the future, but my attempts in the latter case failed as signally as they had in the former.

Meeting my German pessimist on some perfect day in May, when the air was soft and balmy and the sunshine mild and life-giving I would say, "Adolph, this is a nice day."

"Yaas," he would reply, "but eet's a vedder breeder. Purty quek 've get storm, olretty."

As the season advanced a little, meeting him I would say, "Adolph, these fine rains are good for grass.'

"Yaas, but de grass is ol 'vashy—too mooch 'vet 'vetter."

With the advent of the fall months, meeting him, I said, "Adolph, I was passing your place the other day and noticed your apple trees were bending over and almost breaking down they were so full."

"Yaas, but dame a-puls is ol 'vormy, de pig vuns, und de lettel uns is ol nawty and got bat shapes."

Adolph Plogue had a large frame, big hands and feet, rough features, and a loud rasping voice and a brusk, gruff manner. His wife was a slender, delicate, black-eyed, soft-voiced American woman. As man and wife this couple were as poorly mated as a team made up of a heavy Clydesdale, draft-horse by the side of a trim, quick-stepping roadster. They were childless and seemed to live a veritable cat and dog's life and the domestic jars they had were almost innumerable.

Not infrequently Adolph unloaded his family troubles on me and in so doing would at times wax eloquent. One day he came in my offiice bringing a note from Mrs. Plogue describing her condition that for some little time had been that of indisposition. When I read the note and gave Adolph such medicines as the patient needed

the long-suffering (from his point of view) husband broke loose.

"Tauchter! I 'vas 'von tame fool 'ven I gits dot 'voman. Ol de tim's she mecks troobles mit me. She schnaps at me mit her plack ise, she shake her haines clos' py mit mine face, she col me old tuch tivel, und ol de tim's I yust say'd nuttings.

"Ven she's vell she mecks troobles mit her oxpense, mit her new ponnets, mit her rippins and mit her new draases, und ol de tim's I say'd nuttings, ust pay'd de pills, dot's ol.

"Ven she's seek she mechs troobles mit her mout' mit her 'vurds und mit her eyes. Mine Himely Tauchter! I shust vish you hear some dinks dot 'voman say'd. She ust tauch und tauch, und old de tim I yoost say'd nuttings. I yoost dinks mit her tauch dot 'voman drif me cressy, olretty. Mine Got Tauchter dot time 'ven I marys dot 'voman I 'vas 'von tame fool, olretty."

XIX

THE ALCOHOL PROBLEM

In vain I trusted that the flowing bowl
Would banish sorrow and enlarge the soul.
Prior.

MY life has been a long one, so long, indeed, that I am now in the eighties. But long as I have lived my memory does not reach back to a period when the alcohol problem was not one that demanded serious consideration. In the fifties, just previous to the outbreak of the Civil War, whiskey was sold in the village and country stores as freely as molasses, and nothing was thought of buying it by the jug, taking it home and using it when it was thought to be needed. Notwithstanding the ease with which this intoxicant could be procured, most men continued relatively temperate in its use. Moreover, there were a good many total abstainers. Others at times would put a tablespoonful in a cup, add a little sugar and at breakfast-time, take it "for their stomach's sake." Yet others in the spring when it was thought, that for some reason, the blood was impure and needed "cleansing" would put tansy, or some other, preferably, bitter herb in a little whiskey, and take this at breakfast time.

However, anything that brought a number of men together as a sale, election, etc., was almost sure before the day was over, to produce a crop of drunken men and one or more fist-fights. Moreover, there was not a community that had not one or more "drunken sots." These were invariably looked down on for in that day every one believed that there was no man who could not resist drink if he only would. In this era most well informed

people realize that with certain persons the lure of strong drink is next to irresistible and individuals of this class will indulge let follow what may.

With the outbreak of the Civil War in 1861 came a wave of dissipation that followed through that struggle and continued for long years after. During the continuance of the war all energies were bent towards the preservation of the Union and little thought was given to such minor matters as drunkenness and equivalent forms of dissipation.

While it would be an exaggeration to say that in that period everyone drank, yet the drink-habit was widely prevalent, particularly was this the case in the army. So much the case indeed, that men, who while at home had been exemplary in their habits, did not hesitate to indulge after enlistment and not unfrequently to the point of intoxication. In this class were not a few officers; with examples such as these, what wonder is it that many youthful soldiers should form habits that in all probability wrecked their future lives.

When a little past my eighteenth year I enlisted as a private soldier and for a few times responded to the invitation of officers, or some more mature than myself, to drink at some bar. Some little time after I had passed my nineteenth year, however, I one day reasoned with myself somewhat in this wise, "You care so little for drink that when responding to an invitation to indulge, you simply touch the glass to your lips and set it down with practically all of its contents remaining untouched. You accept the invitation to 'have something' because you have not got the manliness to decline by saying, 'No, I thank you.'" Well the result was that I then and there became a total abstainer. This occurred sixty-two years ago and I have ever since lived up to it. However, I never was a third-party prohibitionist, but, nevertheless have always opposed the saloon.

In 1873 while a resident of Tolono, Ill., that village voted "'dry' and I was elected a member of its Board of Trustees. Previous to this Tolono had been an exceptionally "wet" town and had supported more saloons than should normally have fallen to its share.

For a time after our "dry" Board of Trustees came in office the village was fully as "wet" as before in spite of the fact that no licenses had been issued. We adopted the policy of "giving the saloon rope," that is of letting them sell as freely as they might.

The law provided that for selling liquors without license the offender in addition to paying a substantial money fine had to go to jail for a stated period. Very naturally after the saloon keepers had been running wide-open for a time there was little difficulty in securing evidence against them. This we did and when they were brought to trial everything went against them and the judge enforced the penalties, to the terror of other would-be law violators, but much to the gratification of our better class of citizens. After this for a long season, Tolono was a law-abiding town and although later at intervals it sometimes voted license, yet it was ever after a much more desirable community in which to live. It fell to my fortune to take the lead in prosecuting these illegal liquor vendors, and as in that day people of this class were not unfrequently vicious and vindictive, I no doubt incurred a very tangible danger of injury to my person or property. Of this spirit we a little later reaped some experience.

That we might be measurably independent, the anti-saloon people bought at a very reasonable price an old church which had been discarded by its former congregation, fitted it up, christened it "The Tabernacle" and held their meetings there. We thought we had cause to congratulate ourselves on our purchase and were beginning to enjoy our new home when lo and behold! one

dark night the heavens all about were lighted up and upon looking out of our windows what should we see, but our much prized "Tabernacle" in flames! As we had no fire department there was nothing to do but see it reduced to ashes. We employed detectives to ferret out, if possible, and run down the ones who were guilty of starting the fire, but without avail. No one doubted that the whiskey interests did the job, but who it was remains an unanswered question to this day.

To what indecencies drunkenness will degrade an otherwise worthy man the following will show. After the loss of our "Tabernacle" we returned to the custom of holding our meetings in some one of the village churches. At one such gathering one evening I was called to the chair and after the meeting had been in progress one of our citizens who at times drank to intoxication came in and found a seat with no one near him. After a time I heard a noise in his near vicinity which convinced me that he was even more under the influence of liquor than was supposed. Later when the meeting was over it was found that this drunken man had urinated on the church floor, and this at a time when ladies were a part of the audience. Two or three days later this man with the word "shame" written all over his face came to me and apologized as humbly and contritely as could have been wished for.

He was well to do, had grown children, and when away from drink was a likable man in every way. Cases such as this leads one to ask, "What cannot strong drink do! What may it not do! Indeed, what has it not done!"

Little wonder that a long-suffering people have at last risen in their might and said to "booze" in all its forms and guises, "Get thee behind me Satan!"

Elsewhere I have told how a drunken physician by his irresponsible statements induced a former patient of

mine to bring a mal-practice suit against me which although it never came to trial, yet made me no little expense and a world of worry and annoyance

About twenty years after my experience with the Tolono saloon keepers I was a resident of Champaign and a newly-appointed member of the Illinois State Board of Health. At our first meeting which was convened for organization Dr. B. was elected President of the Board. A little later occurred our first regular meeting for the transaction of current business. Dr. B., president-elect, came to the chair reeling drunk. At the next meeting his condition was likewise. And strange to say at substantially all the meetings during his occupancy of the chair he was more or less (too often more) under the influence of intoxicants.

Meanwhile, I was permitted to see enough of Dr. B. in the very few occasions when he was himself to realize that he was really a gentleman and well-informed in his profession.

This experience with him caused me to reflect and say to myself, "If drink will so degrade a man with the admirable qualities that Dr. B. possesses as to cause him to come to the honorable place he has been elected to in a beastly condition, it (drink) is none else than damnable and should be condemned by all right-thinking people."

But while the case of Dr. B. brought the drink-evil nearer to me than it ever had been before it was by no means the solitary instance that had come under my observation. One among a number of these was that of an able young lawyer who had achieved a high place at the bar, had a good home, a nice wife and two promising boys. But sad to say all at once he came to be a slave to the drink habit and down, down he went. This in spite of his family, in spite of his professional standing, in spite of the fact that his father was a Federal Judge and

his standing the very highest in judicial circles, indeed, in spite of almost every conceivable thing this able and successful young attorney went to the devil and that on a down-hill grade that led directly through a saloon. Another able attorney I knew was a gifted orator, was well started on a promising political career, so promising indeed, that the Governor's Mansion or a seat in the United States Senate was not impossible of attainment, but drink lured him and then led down, down until the grave opened and swallowed him while he was yet in the prime of young manhood.

All this so impressed me that I began the study of the drink-problem from the standpoint of the physician and as the way opened I read papers before medical societies and made talks before popular audiences in which I endeavored to show the great evil that the licensed saloon was working. Finally, under the title, "The Alcohol Problem and the Health Conscience," I read a paper before the Illinois State Medical Society that attracted a good deal of interest when it was read and was frequently referred to and quoted from afterwards. I had some reprints made and later the same mail brought requests for copies, one from far-west Kansas City and the other from far-east Boston. All this time, however, I had the wisdom never on the street or other public place to be drawn into an argument on this topic. This course I think I was led to adopt from seeing how two or three of my over-zealous prohibition acquaintances erred in the opposite direction and thus neutralized all influence for good that they might otherwise have exerted. Moderation here, as elsewhere, is the wisest and most effective course.

Twenty years ago it was a very general rule to find one or more drunken doctors in almost every town or village and some of these were popular practitioners and when sober were capable of relieving much suffering, but

when intoxicated the harm they were liable to do can well be imagined.

Fortunately for the unquestioned good of all, general prohibition has come to stay and when the "old soaks" have all passed off the stage the world will be the better in at least some particulars. When the saloon was in flower those engaged in this nefarious business "made no bones" of the fact that no pains must be spared to entice young persons to develop an appetite for strong drink. Indeed, in some of their publications they advocated this openly and came out with the bold statement that when the older drink-habitues died off these young recruits would be ready to take their places and thus could the saloon business be perpetuated. Early in the twentieth century I happened to be in Springfield when a Liquor Dealers' Association was in session and during this those in charge were unwise enough to have a parade and such a display would be hard to imagine outside of a comic paper. Such a collection of bloated, besotted, blear-eyed, rum-distorted countenances one would scarce see in a lifetime. And strange to say, these miserable, deluded people could not realize that they were advertising their business in precisely the opposite way from the one intended, for the most ardent prohibitionist could not have asked for a more perfect exhibition of what strong drink had wrought than these parading saloon keepers plainly displayed in their several persons.

When I began the practice of medicine in the Civil War Era alcohol in some form was deemed indispensible in the treatment of the later stages of typhoid fever, pneumonia and all diseases where a stimulant was indicated, and so devoted were we to this custom that I think I am safe in saying that the average practitioner of that time used a pint of wine, whiskey or brandy where a teaspoonful is not given today.

Some years ago, however, I was cognizant of a case

that did not accord fully with the last statement. A medical man about seventy years of age and who all his life had been a total abstainer had a badly infected hand and the doctor who treated him literally "soaked" him in whiskey, so large were the quantities he had him imbibe. The theory avowed was that alcohol was the quickest acting and surest antidote for blood-poisoning. Fortunately in due time the doctor recovered from his infection and heroic doses of alcohol, thanks to a vigorous constitution that a clean, simple life had kept strong and capable of exerting the needed resistance. Strange that this man's physician, himself a total abstainer, should make almost drunk and keep thus for several days, his total-abstainer patient, he of the three score years and ten, and he of the simple, exemplary life.

"No medical man of experience but has seen and known enough of the evil results of drink to furnish almost enough material to fill a considerable volume in size."

Among a number of similar cases I select the following: One dark, drizzly, raw morning in November I was called to one of the cheaper boarding houses in our city and upon reaching this was met by a frowsy maid who conducted me up a rickety stairway at the top of which I met the late Dr. J. T. Pearman, in his lifetime a prominent practitioner and my fellow townsman. Together we were shown into a small room and upon its towsled and dirty bed we found our patient. Her face was livid, she was breathing heavily and an effort to arouse her made it very plain that she was in a deep comatose state probably the result of some drug; and further that her pupils were contracted to a pin's point made it more than probable that a large quantity of some opiate had been swallowed. A moment later the remains of a white powder, presumably morphine, made matters almost plain.

Notwithstanding the extreme narcotism that existed

we set about trying to put in practice such measures as would possibly overcome the effects of the poisonous drug. As the patient was far past swallowing we injected under the skin apomorphia and furthermore following the teachings of Roberts Bartholow, we injected atropine hypodermically hoping this would antidote the morphine. We also made the effort to use remedies per anum, but the sphincter was paralyzed.

Despite our best directed efforts our patient's condition grew steadily worse. Her breathing grew shallower and shallower and slower and slower till finally it stopped and death ended all.

When all was over I took occasion to look about the place where a tragic death had put out a young life for it was learned later that although married she had but lately passed out of her teens. The floor of the room was uncarpeted, the sash in the windows was loose and rattled in the November wind, a rickety bedstead and two old and much scarred wooden chairs made up the furniture. On the bed was a filthy straw tick, and towsled over this were dirty sheets and quilts and on a yet more filthy uncased pillow rested the head of the one who had just crossed to the Great Beyond, and now that death had passed its quieting hand over her features these were seen to be far from uncomely. Indeed, despite the discoloration wrought by the poisonous drug her countenance despite its bloated condition was certainly not bad. Notwithstanding the uncared for condition of her hair this was seen to be of a rich glossy brown, her eyelashes were long and beautifully curved. Despite her cheap calico dress, sleazy stockings and coarse shoes there were yet about her certain evidences of womanly grace and comeliness, hard to describe.

Now that death had set its relentless seal on all, we were naturally curious to learn why this should have come about in the way we had just witnessed. But we

had not long to wait till our curiosity was satisfied by a piece of thin wrapping paper which the maid put in our hands and on which, poorly typewritten and illy composed, was the following:

"Champaign, Ill., March, 1888.

"Dear James:

"I am going to do something which I know is wicked in the sight of the good, but nevertheless it is death or something worse than death. I have tried every means that I can think of and nothing will stop your drinking, and you know what it has done for us and I can stand it no more. But I ask you as the last request I will ever make to you, 'Do not drink no more.' And please bury me as you find me, do not make any change at all. I know I could be put away a great deal nicer, but I want this way. Take care of my things, do not throw them away and do not take me home. I do not want to go and whenever you come to meet me be laid by my side.

"Dear, do not think for a moment because I do this you were not kind to me, for you are one of the best men on earth to your wife, but the drink has the upper hand of you. But try for the sake of your dead wife to do better. I know you can, Dear. I will watch you tonight till the last breath leaves me and I will die by your side because I can die happy that way. Now, James get my trunk and take care of it and all that is in it, especially the toilet set that you gave me, for I love everything that you gave me. Oh, Dear, I wish you was sober so I could tell you of this, but then I have told you I would do it. I know you love me as well as any man can love and I do not regret a moment I spent with you. Now, please, do not let this letter be published.

"I always said nothing but death could separate us, so I saw that our time was not long to be together, and I could not live without you. I should have stuck to you as long as the money lasted if it had been a century, but

you know it is gone and we are penniless. Tell my mother I forgive everything and ask her forgiveness in return and tell her and brothers I have gone to meet dear father and sisters; and, James dear, I will wait for you, come soon, I love you to death. It is through love for you I have taken my life. I have taken a dose of morphine. Goodby my Dear Husband. Give my regards to Uncle G. and tell him through his kindness we were together longer."

No signature was attached to this ungrammatical, but certainly heart-melting letter. The husband was not present when his wife died, and so far as I know, no relatives came to see or claim the body, and where, how and by whom interment was made I never learned. So far as I know I never met the husband before or after his wife's tragic death, but I can but believe that if his heart was other than stone he must have suffered terribly from remorse when he learned how and why the end came to one who had given her all to him.

XX

TUBERCULOSIS

The knowledge which the people possess of the art of healing is the measure of their refinement and civilization.—CARLYLE.

IN 1912 a number of the citizens of the Twin Cities of Champaign and Urbana got together and organized the Champaign County Anti-Tuberculosis League with the object of fighting the "Great White Plague" in its many forms. Judge J. O. Cunningham, an eminent citizen of Urbana, was elected President, I was chosen Vice-President, and W. W. Earnest of the Champaign City Schools was named for Secretary-Treasurer.

Our first care was to find where tuberculosis cases were located and then to assist them in the way that seemed most feasible. To accomplish this in the most practicable way, a Visiting Inspector was secured in the person of Dr. Carrie Noble White, who for a number of years had practiced in the Twin Cities of Champaign and Urbana, and hence was well and favorably known in both of these communities. Later, a room was secured where twice each week, clinics were held for the examination of suspected cases. The clinics were under the immediate charge of physicians, who had had experience in tubercular work, and who generously gave their services.

When the League was first organized it was hoped that fees from membership would defray all the expenses incurred in the work. An annual payment on one dollar was the ordinary membership fee, five dollars a sustaining fee, and fifty dollars a life membership fee. As time went by, however, it was discovered that our income from this source would be inadequate, consequently we

had to solicit funds from generously disposed friends of the work.

Our very competent Visiting Inspector gave her services at the low price of $75.00 per month. She served us faithfully for a time when feeling no longer equal to the work she resigned and in her stead we employed Dr. Maude E. Nichols, who served us faithfully for a period of six years when she too resigned that she might have a much needed change.

A little later we employed two trained nurses, called Visiting Nurses, and were thus able to enlarge our work and give better service, though we realized that more faithful work than what we had been having could not well be rendered.

In addition to membership fees, and donations we got some funds from the sale of red-cross seals, but at best, we were always put to it to meet our expenses which necessarily increased as our work broadened. Finally the Board of County Supervisors voted us an annual budget of $5000.00 which additional sum was likewise swallowed up in meeting our ever increasing needs. Our survey of the county uncovered a number of cases that were in need of sanatorium treatment and these we sent to any sanitorium within convenient reach which had a spare bed. The price per week in these ranged from twelve to twenty-five dollars, and as the number wanting to go to one of these was constantly increasing we found our finances meanwhile running lower, all of which emphasised the fact that there was a growing need in our county for a Tuberculosis Sanitorium.

The law in Illinois provides that if a majority of the voters in any one county decide by ballot that a sanitorium should be provided this must be done, through the action of the County Board of Supervisors whose duty it is to levy a tax therefore.

For a number of sessions our Board refused to take any action. Indeed, at first they were so obdurate that a mandamus suit was brought to compell them to do this, but notwithstanding from one cause and another the matter was delayed. It should perhaps have been stated before that the Illinois law provides for a Board of three Sanitorium Directors to be named by the Board of Supervisors and very early in the movement in our county I was made one of these. Immediately after the three directors were named we met and organized and I was chosen president of the Board. Meanwhile the Board of Supervisors voted ten thousand dollars for the purchase of a site for the sanitorium. But notwithstanding this action they for a time refused to make the levy needed to raise the money for the sanitorium building.

Meanwhile we employed a competent architect who drew up plans and after considering these carefully we submitted them to the chief architect of the Illinois Tuberculosis Association and to the State Department and they received the approval of both.

I should have said earlier that with our survey of the tuberculosis situation our field of operations widened, our dispensary work increased correspondingly and we had to provide ample accommodation for the patients who came for examination and advice. We were fortunate in getting suitable quarters for this and a little later I moved my office and secured a suite of rooms where I could be in touch with the work through the greater part of the day.

Some of the cases that came in were pathetic. One day a young woman came in my office bearing a letter addressed to me from a physician in the southeast corner of the county, requesting me to have the bearer of the letter examined and cared for as we might see fit. A glance at the young woman showed at once that she had character and was hence worthy.

Her personality was winning, she was tall, graceful,

had regular features, bright blue eyes and a most intelligent countenance, but with it all she had a jaded look. She told me that she had not long before graduated from a High School, but in order to do this she had been obliged to work for her board and study at night. Later she had taken up stenography and,—well to be plain she had simply broken down. She said she was very weak and had fever evenings.

As soon as it could be arranged we examined her carefully and found she had a tubercular focus in her right lung. As promptly as possible we got her in a sanitorium and the most possible was done for her. She wanted to get well and live and all who had to do with her were most desirous that she should, so attractive was her personality and so useful in life did she promise to be. But sad to say, she went down, down, down into an early grave. One more victim of the Great White Plague. Could she have lived she would no doubt have developed into a noble woman and possibly have attained the proud position of mother of a family of children, for be it known that the true Queen of this earth is the Good Mother.

Very naturally our survey of the county revealed the fact that no class, no walk in life, no condition is free from the inroads of tuberculosis. We found cases in well-to-do families under the care of competent and faithful physicians. We found them in poor families where all the surplus funds were paid out for patent medicines carrying the delusive promise that a few more bottles would surely effect a cure! We found tubercular cases in families too indifferent to make the effort to seek relief from any source whatever. We also found an undue proportion of cases in the families of our colored population, a considerable colony of whom have homes in our midst. We of course realized that these people are entitled to care and consideration, not only because they are human beings, but from the further

fact that they, too, are liable to sow broadcast the seeds of the disease.

In the old days it was very generally thought that pulmonary consumption, or just "consumption' as it was then almost invariably called, was almost never curable, and yet in that period there were some notable recoveries. In the middle period of the nineteenth century one of the most prominent physicians and writers in this country was Dr. George B. Wood, Professor of Theory and Practice in the Medical Department of the University of Pennsylvania and author of a popular treatise on that subject. In this work he relates at some length how a generation before Dr. Joseph Parrish, when a young man was stricken with pulmonary tuberculosis and, in effect, given up to die by his physician and friends. But the young man being of a different mind, went to the country, ate hearty country food in plenty, breathed country air freely, began to improve, to gain in weight and strength, kept this up till he practically recovered. Later he returned to the city, resumed his studies, became a successful practitioner and finally eminent in his profession. He died in old age and a post-morten revealed a considerable cicatrix in his lungs where an old tubercular inflammation had healed.

When in the prime of his successful career, George B. Wood became the student and life-long friend of Dr. Parrish, whose honored career in medicine young Wood was destined to surpass.

The nineteenth century was yet young when Richard Henry Dana, who belonged to an old honored Massachusetts family of that name, a very young man, a graduate of Harvard, found himself a victim of pulmonary tuberculosis and, as his medical adviser and friends thought soon to go to his grave. Not so thought young Dana who was determined to put up a stiff fight for his life. In that period the ship propelled by wind impinging against its wide-spread sails was in flower and

the American clipper found no equal in the whole area of "The Seven Seas." Young Dana bethought himself that a season spent on the sea might prove beneficial. Carrying out this idea he found employment as a common sailor on a ship. Thus employed he ate the coarse hearty food, wore the plain simple dress, did the hard service and finally breathed the fresh salt-laden air, all of which for better or for worse were the heritage of the common sailor. This was a hard, strenuous life for the high-bred, smartly trained, and well educated young man from Boston!

The life was certainly a hard one for those who had long been inured to it, and that the young high-bred Boston graduate found it especially so, can easily be imagined, but he stuck; and sticking he had his reward in a much improved physical condition which continued till ultimate recovery was attained. Later Dana became the author of the world-famous book, "Two Years Before the Mast." Later still he developed into an eminent lawyer and jurist. Finally he reached a satisfactory old age—a thing one can well believe he could not have done had he not changed his environment for a time and resolutely made up his mind to literally fight for life.

When I was yet a youth Washington Irving died, well past his three score years and ten, regretted and recognized as America's most popular prose writer. When I was a pupil in our district school the reading exercise was in one of McGuffy's advanced readers and the lesson was "The Wife" by Washington Irving. Our teacher, who was quite well versed in literature, pointed out the merits and beauty of the essay and at the close remarked that it was strange a man who had lived a long unmarried life, as had Irving, should be able to write so knowingly and so appreciatively of one of the partners in wedded life.

Later I learned that when a young man Washington

Irving became engaged to Matilda Hoffman, a beautiful and charming young woman and seemingly just the right one for so handsome and promising a young husband. But alas, "there's many a slip twixt the cup and the lip." The engagement had not run a great while when Miss Hoffman was stricken with that terrible enemy of the human race, pulmonary consumption. Yes, charming and young as she was, fortunate as she was in her fiance, promising as seemed her future, the Great White Plague claimed her for its own. Youth, charm, and the promise of a future of joy and happiness were as nothing in the face of this grim destroyer that claimed the beautiful Matilda Hoffman and doomed her to her grave.

The death of his beloved-intended, left its lasting mark on Washington Irving and he ever after held sacred her memory. In his secretary was a drawer which he kept religiously under lock and key during the whole of his life after the death of his sweetheart. After his own death in 1859 this drawer was opened and found to contain a portrait of Matilda Hoffman, a lock of her hair, an ornament last worn by her and a tribute of her worth and character in the hand-writing of her gifted lover.

Late in the year 1920 the Champaign County Board of Supervisors appropriated the sum of money needed to build the sanatorium. Meantime, the Sanatorium Board of Directors had selected a site for the institution and had secured plans for the builders to follow, all was ready to let the contract for its construction and in due course this was done and near the end of the year the structure was finished and ready for occupancy.

Meanwhile Dr. Anna Johnson, of Chicago, was employed as superintendent and soon got busy selecting equipment and making up an organization for the institution and time has proved that in the prosecution of these duties she exercised good judgment.

In February, 1921, the doors of the sanatorium were thrown open for the reception of patients and those admitted proved to be in all stages of the disease. Indeed, one was so far advanced that death occurred in a few days after admission.

The Board of Directors have come to realize that in a broad sense tubercular patients can be divided into three classes. First the very mild, or incipient cases, second the moderately advanced, and last the far advanced cases.

The incipient cases can in a large number of instances be promptly restored to health, but death is the natural and usually inevitable, outcome of all far advanced cases. Patients with the disease in moderately advanced form are the ones on which, very naturally, the curative efforts of physicians, nurses and attendants are concentrated. For these being hopeful cases they unfailingly excite interest and stimulate effort in their behalf. Hence it follows that the care of the moderately advanced cases resolves itself into a sort of fight which all concerned most earnestly hope to win. But even under the best management so long drawn out does this fight become that it assumes the nature of a siege rather than that of a fight, and as a result many faces became very familiar as I from time to time visited the sanatorium wards. Sad to say on some of these visits I would maybe miss a familiar countenance and upon inquiry would learn that its owner had crossed to the Great Beyond.

Some of these cases were especially pathetic as the following will show. A young man from this community with the hope of getting better of his tuberculosis had gone to Colorado. Later he learned we were about to build a county tuberculosis sanatorium and in consequence I, from time to time, received letters from him inquiring about the progress we were making. Finally learning that the institution was completed and ready for occupancy he made a huurried trip to his home

county and was one of the first patients to enter the sanatorium. Here, after recovering from the fatigue of his journey, he settled down and began the business of getting better, to which he devoted himself only a little short of religiously. But in spite of all that could be done for him and in spite of his devoted cooperation, it was later seen that all effort on the part of patient and attendants were destined to fail and in the end he went to his grave.

This young man belonged to a good family and had set his heart on making a good recovery, and furthermore, his friends and acquaintances took exceptional interest in his case and felt that he was one especially worth saving, but unfortunately the disease had made serious inroads before any treatment had been undertaken.

Later another case came to attract the particular interest of a large circle of friends and acquaintances. This was that of a young woman about nineteen years of age who was in the Sanatorium for some time and improved nicely. Indeed her improvement was seemingly so steady and satisfactory in every way that she had begun making plans for entering the University of Illinois as a student. But "man proposes and God disposes," and all at once, when least expected, this young woman became faint, turned deadly pale, blood gushed from her mouth and in a moment all was over. It was thought that the coat of a blood vessel had been thinned and weakened by a contiguous ulcerated surface, to a degree, that caused it to give way and produce fatal hemorrhage.

But fortunately there is a brighter side to tuberculosis work. As I go about my usual affairs I from time to time meet some individual with countenance lighted up with a broad smile as he or she stops and greets me in a joyful mood and all because of treatment at the "Outlook," as the institution has come to be called.

Later we equipped the second pavillion and provided

the additional nurses and other help to put it in running condition. Two of the practical nurses employed, by reason of this extension of the work, were at one time patients in the Sanitorium and their cheerful countenances, quick movements and healthy appearance generally, were so many mute witnesses to the fact that tuberculosis if taken in time is certainly curable.

Really a properly conducted tuberculosis sanatorium is a school for the dissemination of knowledge pertaining to the care and treatment of patients suffering from that disease. So true is this that certain intelligent and well disposed patients can go to an up-to-date sanatorium, acquire a working knowledge of the care and treatment of patients, return to their homes, carry this out and later have the satisfaction of reaping its full benefits. However, this is presuming that the patient has at least an average good home to return to but unfortunately some victims of this disease have not so much as a roof over their heads.

The Outlook Tuberculosis Sanitorium has come to be a well recognized and acceptable institution in our county and many of our citizens express their appreciation of its work by gifts of various kinds. Most of these are without much intrinsic value but they serve to show the interest and good will of the donors.

Every Sunday evening a picture show gives an entertainment adapted to the day and character of the audience. In the middle of the week a minister or capable layman gives a short talk on some proper topic. A radio set has been installed and head phones connected with every bed.

For nearly three years Dr. W. C. Martini has been rendering most satisfactory service as Superintendent of the Outlook Sanitarium and furthermore has charge of the dispensary and the county tuberculosis work.

XXI

A MEMBER OF THE ILLINOIS STATE BOARD OF HEALTH

Life is arched with changing skies;
Rarely are they what they seem—
William Winter.

ONE day in April, 1897, I received a telegram from Governor Tanner in the State House at Springfield, notifying me that I had been appointed a Member of the State Board of Health and that there would be a meeting next day in his office for the purpose of organization, which I was expected to attend.

As I was at the time quite busy in practice I did not think it necessary to start at once for Springfield but took a train next morning which landed me in that city about noon, when I learned that the meeting for organization would occur at 2 P. M. At the hour appointed I went to the Governor's office where I found the other newly-appointed members, none of whom I had ever before met. After mutual introductions and handshaking Governor Tanner said, "Gentlemen you will please come to order for the purpose of organization."

Complying with this, Dr. French of Lawrenceburg, Illinois, arose to his feet and put Dr. B. in nomination for President of the Board. Someone seconded this and in a moment he was unanimously elected by receiving all six of our votes, he being the seventh member. This done Governor Tanner stated that he had offered the Secretaryship of the Board to Dr. Riley of Chicago, a man with a wide experience in public health work and moreover, like Governor Tanner and myself, a Civil War veteran. Speaking further Governor Tanner said

that he regretted to have to report that Dr. Riley had finally declined acceptance of the position and that he would have to look for a substitute which would take time. Meanwhile, he had arranged for the retiring Secretary, Dr. Scott, to continue in service till his successor was fixed upon. This much accomplished, we adjourned to meet at a future date.

As we were retiring from the room Governor Tanner spoke to me aside and said, "Why, Dr. Johnson, I intended that you should be President of this Board and I am disappointed that you are not." I expressed my thanks for his kind intentions and said that I was late getting on the ground, that the other members came earlier and had, I supposed, got things "cut and dried." On my way to Springfield I met a friend who said, "Why, Dr. Johnson, you have not only been appointed a Member of the State Board of Health, but are evidently intended for its President." Then he called my attention to a fact that I had overlooked, namely, that in the Chicago papers my name appeared in place of Dr. B. M. Griffith, the retiring President. For once the papers were correct and their report coincided with what I later had from Governor Tanner's lips.

In due time Governor Tanner appointed Dr. James A. Egan, Secretary of the Illinois State Board of Health and a little later a meeting was called to convene at the Palmer House. When the first session occurred and Dr. B., the president-elect, took the chair to preside all soon realized that he was intoxicated. Indeed, he was so much under the influence of "booze" that he was not equal to the task of presiding while the business of the meeting was disposed of. Seeing this, the Secretary suggested that the Board adjourn to meet at a little later date. When this second meeting convened it found us again with an intoxicated chairman on our hands.

However, he managed to somehow preside, but in a blundering manner. At all the subsequent meetings of the Board, during 1897, history repeated itself in the fact that our president always came to the chair intoxicated, indeed, sometimes reeling. But notwithstanding these facts, Dr. B. was a candidate for re-election at the coming-in of the new year and what was remarkable he was re-elected. Dr. B. voted for himself and four other members voted for him likewise. I voted for Dr. F. and he, like the successful candidate voted for himself. But all the good this did was to take two votes from Dr. B. It will be recalled that Dr. F. was the member who put Dr. B. in nomination when the Board was organized, and championed his election. Dr. F. did this after making an agreement with Dr. B. that at the end of the year he was not to be a candidate for re-election and furthermore, was to vote and throw his influence for Dr. F. for the presidency of the Board.

The Board meetings of 1898 were like those of 1897 in all that pertained to the president who persisted in coming to the chair intoxicated.* Finally these facts came to the ears of Governor Tanner, who asked for and received Dr. B.'s resignation as president. Meantime Dr. Carr of Carlinville, Ill., who had recently been appointed a member of the Boarad, was elected its president and served out the remainder of the year 1898, when he retired from the Board. At the first meeting of the Board in January, 1899, I was elected president, seemingly much to the satisfaction of Governor Tanner, who a little later said to me, "Dr. Johnson you are now where I wanted you all along and had I done my full duty at the start and put you in the chair you would have saved the Board a good deal of trouble." Governor Tanner was near my own age, like

* Although these facts are mentioned elsewhere, their reiteration here is necessary to the narrative.

myself a Civil War soldier and always seemed to have a friendly feeling toward me.

The Illinois State Board of Health had a great deal of work to do, for not only was it a Sanitary Board, but likewise had charge of Medical Education in the State as well. We had not long been members when a new medical practice act went in force which required every new medical graduate to submit to an examination even though he might be a Johns Hopkins alumnus. Examining and licensing these graduates involved much work and no little responsibility, particularly the licensing. As time went by this last came to have attached to it a certain degree of scandal in which was entangled the name of our Secretary, Dr. James A. Egan. I learned of this and as I had to sign my name as president to every license issued by the Board I was very naturally a little disturbed.

As the members of the Board were all in active practice and knew nothing of the Board business save what they learned at some half dozen yearly meetings of a day's duration, this was little to be wondered at. It was under these conditions that Dr. Egan was made Executive Officer of the Board, and as this necessarily put much power in his hands his critics had, as they believed, all the more reason to become suspicious. If Dr. Egan was ever guilty of selling licenses or making use of "graft" in any other Board transactions he certainly kept it covered up so securely that no one was able to let in upon it the real sunlight of fact,—that is fact of the kind that would establish guilt.

Dr. Egan was a most adroit politician and managed to get "next to" every incoming Governor, beginning with Tanner and ending in the midst of Dunn's administration, when Dr. Egan died, about eighteen years in all. In politics Dr. Egan was a Republican, but during the eighteen years of his incumbency of the Secretaryship of the Illinois State Board of Health he in-

variably managed to ingrain himself into the good graces of each incoming Governor, let said Governor belong to what party or what party-faction he might. Dr. Egan was a bright man and few medical men could get on their feet and speak more to the point than he. Moreover, as a rule he was suave and gentlemanly. But whatsoever were his winning qualities he and I were some way not drawn to one another. I could put my finger on no fact that compromised his integrity, yet I somehow distrusted him, and this last was true of the great majority of the best men in the profession in Illinois. Nobody had anything that would incriminate Dr. Egan, but a great many had their suspicions.

In 1904 my term of service on the Board ended. I had served four years under Governor Tanner and four years under his successor, Governor Yates, who in turn was succeeded by Governor Deneen. Just before his term ended Governor Yates appointed in my stead a young man whom all regarded as unfit for the place. I was indignant and wrote the Governor a "piece of my mind."

It of course did no good and after a little I, in a measure got over my disappointment. Later I read a paper before the State Historical Society, in which I paid a high compliment to the older Richard Yates, the "War Governor," and which was listened to by his son, the younger Governor Richard Yates, who happened to be present. Meeting the son a year later he said he never had gotten the opportunity to thank me for the kind things I had said of his father, which he then did. I "countered" by saying that I desired to thank him in a way that would prove a surprise, I wanted to thank him for not reappointing me in 1904 on the State Board of Health when my time had expired, for since that date the Board had come to be more and more a subject for criticism at the hands of the better men in the profes-

sion, and no man who cared for his peace of mind would care to serve under such circumstances.

To speak a little more of State Board matters: My experience as a member convinced me of one thing, namely, that the perfunctory way in which the several members were obliged to serve and perform their duties was a mistake. We hurried from our various fields of practice, hurried to our chairs at the sessions, hurried the business through, took the Secretary's word for everything, and then hurried back to our several homes and to the bedsides of our patients. All this gave the Secretary a great deal of power, particularly as he was made Executive Officer of the Board. Board Members should have been paid at least an ample sum per diem, our patients should have been put temporarily in the hands of brother practitioners so that our minds would have been easy and free from anxiety on that score.

Dr. Egan died during the administration of Governer Dunn and was succeeded by Dr. C. St. John Drake, who at once won and retained the confidence of the medical profession of the State. Upon the accession of Governor Lowden, however, the State Board of Health was abolished and in its place a Director of Public Health was appointed. To this place Dr. Drake was appointed and served with satisfaction to all concerned till the coming in of Governor Small's administration, when Dr. J. D. Rawlings became Director of Public Health and he, like his predecessor, is filling the position admirably.

While on the Board I had some unique experiences and one that had to do with a smallpox epidemic that soon after the Spanish War pervaded the entire country. At or near the beginning of the present century I one day received a telephone message from Dr. Egan, the Secretary, at Springfield, asking me how far I lived from the village of Downs, McLean County. I answered,

"about thirty miles." After learning this the Secretary continued the conversation over the wire by saying they were having a strange disease in the village of Downs that puzzled the doctors and they could not agree on its nature. Finally it was arranged that I should meet him, another member of the Board and Dr. Nelson, an expert physician employed by the Board at Bloomington, from whence we would all go to Downs and see if we could decipher the difficulty the doctors were in over the unrecognized outbreak. Accordingly after we had all reached Bloomington a two-horse carriage was procured, automobiles not yet having come in use, into this we all seated ourselves and started for Downs about ten miles distant. It was a warm bright day, the country was beautiful and we all enjoyed the drive.

Arrived at Downs we met one physician who led the way to the houses where the infected were, and it seemed that half the homes in the village had one or more patients, none of whom seemed very ill. Among the rest we noticed a number of babies who were suffering from the trouble but in such mild form that they were out of doors in their baby carriages. Upon inquiry we learned that the great majority of adults who were attacked had never been vaccinated, but smallpox as we had seen it and been taught concerning it was a very severe disease and practically none of the many patients we saw seemed much sick. True, they were all broken out, some freely, some very little. The ailment seemed much too mild for smallpox and too severe and too much in the way of a *general outbreak* to be chickenpox. What then was it? We finally came to a kind of indefinite conclusion to call the disease "suspicious," quarantine it and await results. To this the physician who first met us agreed willingly, but his colleague, whom we met later protested against this course and insisted that the disease was trivial in character. How-

ever, we ordered the quarantine and departed for our several homes.

A few days later I saw in the Journal of the American Medical Association a paper entitled, "The Present Mild Epidemic of Smallpox that is prevailing in this Country," from the pen of Dr. W. M. Welch of Philadelphia. This article accurately described the disease we had seen and quarantined at Downs, and consequently I called Dr. Egan's attention to it as soon as I could get in touch with him. There were no serious cases at Downs before or after our visit, the disease burned itself out, so to speak, and in due time the quarantine was raised. Well, however much the Downs outbreak troubled the citizens of that village it in the end served several *professionals,* of which I was one, a good turn, namely, it taught them how to recognize mild smallpox when they ran across it.

Later it was my fortune to run into a town that was literally "alive" with smallpox of the type referred to, and this came about as follows: I was sitting in my office one winter day when my telephone rang and at the other end of the line I found Dr. Charles E. Wilkinson of Monticello, Illinois, who said he wished I would come over and see what was the matter with about half the citizens of his town who had some sort of a suspicious "breaking-out." Responding to Dr. W's request I took the first train for Monticello, called on Dr. Wilkinson, who went with me to the City Physician, Dr. W. B. Caldwell, since noted as the originator of Dr. Caldwell's Syrup of Pepsin, a well known patent medicine. With Dr. Caldwell I saw a number of the cases and at once pronounced them smallpox. He seemed incredulous and really, I did not wonder at this, for the cases were practically all mild. However, I explained what I had seen at Downs and other places, and how Dr. Wm. M. Welch's article in the Journal of the American Med-

ical Association had made all plain to my mind, so plain indeed, that I was as confident of my diagnosis as I was of my own existence.

Finally we went to John E. Andrews, the Mayor of Monticello, who like myself, was a Civil War veteran and moreover, a sterling character. I explained to him the situation and told him the cases must all be quarantined and general vaccination be put in force. He, with some reluctance, consented to follow my order though, I was at that time President of the State Board of Health. Having done this much I boarded the train and returned to Champaign, my home.

Two or three days later I received copies of the two local Monticello papers and the way they *roasted* me was a fright. They published interviews with certain of their physicians stating in detail how wide of the mark I was in pronouncing the exceedingly mild trouble infesting Monticello so grave a disease as smallpox. I cannot now recall the names of the doctors who had the most to say in this way. However, I recall that one Dr. Tidball, now deceased, but in his time a typical moss-back, was an especially wiseacre in pouncing upon my diagnosis. Another, only a little less pronounced in opposition was Dr. J. D. Knott. But my meanest and most venomous persecutor was one John Burgess, editor of the Monticello Republican. He could, it seemed, hardly find language strong enough to belittle and villify me. I am by nature sensitive and John Burgess' attacks "struck in" and I developed a fellow-feeling for the man who bought two new, heavy cow-hides, took an abusive editor by the collar, and wore them out on his back. Burgess, some years later, retired from the newspaper business with the contempt and hatred of hundreds of good, decent people whom he had abused and villified in his nasty, venomous sheet.

Reports were sent from Monticello, detailing the

so-called "blunder" I had made in my diagnosis and the hardship I had put upon the Monticello community by putting them under quarantine. This report in milder form was repeated in the papers of Champaign, my home town. This gave me an opportunity to fully explain in the public prints the situation and start the ball rolling that, in the end, set things to rights. However, there was no let-up in Burgess and his villification in his vile sheet, copies of which he kept me well supplied with. Finally he got his community so worked up that I was *hung in effigy* from one of Monticello's telephone poles. However, the Mayor of Monticello promptly had "my double" cut down as soon as he learned of it. A little later I paid another visit to Monticello to see how well the quarantine was enforced, and when through with my inspection managed to get away without being mobbed. In conclusion I will say that great as was the indignation of Monticello at my course in putting them under quarantine, numerous pock-marks on sundry men and women residents of that city and elsewhere today bear mute, but indisputable, testimony to the correctness of my diagnosis, however bitter it was to the palates of many Monticellonians of some twenty odd years ago—some of whom long since had at least one forcible illustration of the old adage which tells us, "Truth crushed to earth will rise again."

Dr. Chas. E. Wilkinson, not long after reporting conditions in Monticello and requesting me to come over, removed to Danville, Illinois,—removed, as I have always believed to escape the reproach that Monticello subjected him to for informing me of the local situation. Be this as it may Dr. Wilkinson now lives in a much better town than Monticello, and enjoys a much more extensive and lucrative practice than the last-named place could ever have afforded. So it would seem that the Monticello outbreak helped the fortune of at

least one of its then residents. "It's an ill wind that does not bring good to some one," says the old adage.

About this time one of our wealthy citizens, A. C. Burnham, provided the funds for the building of a general hospital for which our community stood in need. In due time the building was completed and given the name of Julia F. Burnham Hospital in honor of the wife of the man who had financed the enterprise.

Early in the spring of 1895 the institution was finished, a medical staff named and a full organization provided. It was my fortune to furnish the first patient —a well advanced case of typhoid fever which a little later died. In due time the "Burnham" as it came to be called, was filled to its capacity, and has ever since been doing good work. I was a member of its first medical staff and served in that capacity till my resignation a number of years later.

XXII

MY MEDICAL LIBRARY

. . . . . For as great a store
Have we of books as bees, of herbs or more;
And the great task to try, then know, the good
To discern weeds and judge of wholesome food,
Is a rare scant performance.
Henry Vough, To His Books.

IN the course of a long professional life I have accumulated many medical books and periodicals. I have always aimed to have up-to-date standard works on every subject pertaining to medicine.

The first work I got on practice was Watson, the next Flint, then Ziemsen's Cyclopedia, and then followed in succession Bartholow, Loomis, Osler, Thompson, Lockwood and last Edwards.

As time went by I became interested in the history and progress of medicine and when opportunity offered added to my collection any work that had been a standard in its day. Among other books on Practice I have Mason Good's two-volume work first published a hundred years ago, under the title, "Good's Study of Medicine." Dr. Mason Good was a learned man and especially well versed in the classics and dead languages. His Study treats of about every disease that poor humanity is heir to. Everything from toothache, which he terms, Dolorosa, to insanity, upon which he bestowed the name, Echpronia. In the classification of disease he broke away from all precedents and worked out a classification modeled on that of Linneus for plants. He divided disease into six classes; subdivided these into scores and scores of Orders, the Orders were separated into many Genera, and finally the Genera were separated

into nearly or quite a thousand species. For illustration under Class IV, Neurotica, and Order II, Aesthetica (Affecting the Sensations) was Parapsis (Morbid Sight), Species I, was Paropsis Lucifuga (Day Sight) Species II Parsis Noctifuga (Night Sight); Species II, Parapsis Longinaua (Long Sight); Species IV Parapsis Propinqua (Short Sight); Species V, Propinaua Lateralis (Skew Sight), and so on through twelve species of Genera I, (Paropsis), Order II, (Aesthetic), Class IV, (Neurotica). But notwithstanding Mason Good's overlearned and unnatural classification his Study of Medicine is a veritable mine of curious and interesting information, contained in two royal octavo volumes with double-columned closely printed pages in small type, interlarded all through with foot-notes in yet smaller type. All this is trying to the eyes, particularly to the older reader, yet I venture to say that in all medical literature few works of the same compass contain as much rare and interesting information.

Another work on internal medicine in my possession is Eberle's Practice in two volumes, first published in 1845 and popular for a considerable time. John Eberle was Professor of Theory and Practice in Jefferson Medical College, Philadelphia, and was the author of several works other than the one on Practice. His chapter on Contagion is especially interesting, and his definition of it especially apt for its day. "By contagion is understood a *deleterious agent* secreted by the animal body in a state of disease, which, when brought to act on a healthy individual, will produce a disease specifically similar to the one from which it derives its origin."

Substitute specific microbe for deleterious agent in the first line of the above and you have an absolutely up-to-date definition of contagion.

Nor are Eberle's rules, which he quotes from Haygarth, for the care of contagious diseases much behind our time, and which are as follows:

1. The chamber in which the patient lies must be kept cool and freely ventilated. No bed curtains must be allowed to be drawn around the patient.

2. Dirty clothes, utensils, etc., should be often changed, and immediately immersed in cold water; and washed clean when taken out.

3. The discharges from the patient must be instantly removed; and the floor around the patient should be rubbed clean once a day with a wet cloth.

4. Avoid the current of the patient's breath, as well as the effluvia which arises from his body, and from the evacuations.

5. Visitors ought not to go into the patient's chamber with an empty stomach, and in doubtful cases on coming out they should blow from the nose and spit from the mouth any contagious poison which may adhere to these passages.

Speaking of the extreme activity of contagion at certain periods and its relative torpidity at others, Eberle said, "At times it would seem impossible for a contagious disease to extend the sphere of its ravages; for, although sporadic cases may occur here and there, yet no neglect in relation to proper exclusion will enable the disease to assume an epidemic or endemic character. During other periods, on the contrary, the accidental importation of fomites (disease virus?), or the occurrence of a case of contagious disease, acts like a spark of fire thrown among combustible materials and spreads disease among the people."

Dr. Eberle has a chapter on Typhus fever which included what has been universally recognized as typhoid fever. In a foot-note, however, he devotes considerable space to a notice of Dr. W. W. Gerhard's epoch-making paper published some years before in the American Journal of Medical Sciences and clearly pointing out the marked differences of typhus and typhoid when these are closely studied.

Another interesting old work in my library is "Theory and Practice of Physic," by Dr. David Hosack, who taught this branch of medicine in the University of New York. In this volume of less than 700 pages two full chapters are devoted to "Contagion and Its Laws." Like all the older clinicians Dr. Hosack makes much of the pulse; and after referring to the extreme importance that the Chinese attach to this, and likewise, the very considerable emphasis that Dr. Benjamin Rush gave to it, the author said:

1. The full pulse which dilates itself unrestrained.
2. Small pulse, scarcely to be perceived.
3. The soft pulse, readily yielding to pressure.
4. Hard or corded, tense wirey or quilled pulse; that is not easily compressed, but making great resistance under the finger.
5. The frequent or quick pulse, in which one pulsation rapidly succeeds to another.
6. The slow pulse—one beat succeeding to another.
7. The regular pulse—the intermissions between the beats being the same.
8. The irregular pulse—the intervals being irregular.
9. The intermittent—where some pulsations are wanting.
10. The gaseous pulse—giving the idea of air instead of blood filling the vessel—the soap-bubble pulse of Dr. Rush, as it was unfortunately called.

Following this Dr. Hosack adds, "The manner of feeling the pulse merits some attention."

1. Do not feel the pulse too soon after you have entered the room. Allow the first impressions made upon your patient to subside by referring him to some new object.
2. Let your patient's arm lie in an easy position,

so that the pulse may not be excited by the action of the muscles, as would be the case in extending the arm to the physician.

3. For the reason, if your patient has just been getting out of bed, or has been moved in bed, wait for the subsidence of such movement.

4. Do not exclusively confine yourselves to the pulse at the wrist—sometimes the carotids or temporal arteries manifest the chief irritation of the disease.

5. In feeling the pulse, make use of two fingers instead of one—they correct each other's sensations.

6. This leads me to observe that for this purpose it will be important for you to cultivate a nice sense of feeling at the extremities of your fingers. This you will best do by the practice of wearing gloves—at the same time that you thereby preserve your hands at a proper temperature, so as thereby to ascertain the temperature. (As the reader will bear in mind, this was long before the fever thermometer had come in general use.)

Among other works on internal medicine I have a two-volume treatise by George B. Wood of the University of Pennsylvania and which I prize very highly. Wood's Practice was first issued in 1847, and was a standard for twenty-five or thirty years thereafter.

Like all works in what may be termed the pre-bacterial period Wood devotes his two or three first chapters to General Pathology and the chief foundation stone in this was inflammation; for in the old days Inflammation occupied as important a place in pathology as do micro-organisms in the pathology of today. I have no purpose to minimize the importance of inflammation; for while it was made much of in the old day, it was nevertheless of great consequence then and it is yet to be reckoned with.

As the reader will notice below I quote liberally from Watson the favorite author of my student-days

—so much of a favorite indeed, that I used to call the copy I possess my *Medical Bible.* This copy by the way was published in 1858, through the course of lectures from which it was made up was delivered twenty years previously, but of course brought up-to-date. Watson was, however, always in advance of his day as the following first propounded in 1837 will show. "Indeed I believe that these cases of puerperal fever occurring in succession to the same practitioner, are examples of something more than ordinary contagion through the medium of the atmosphere. I believe them to be instances of direct inoculation. Recollect that the hand of the accoucher is brought, almost of necessity, into frequent contact with the uterine fluids of the newly-made mother. Recollect—those of you who have examined the interior of the dead body with your own hands—recollect with what tenacity the smell, which is thus contracted, clings to the fingers in spite of repeated washings; and whilst this odor remains there must remain also the matter which produces it. Recollect how minute a quantity of an animal poison may be sufficient to corrupt the whole mass of blood, and fill the body with loathsome and fatal disease. Illustrations will occur to you in the inoculated smallpox, in hydrophobia, in the viper bite, in the scratches and punctures of the dissecting-room. Recollect the raw and abraded parts oncerned in parturition; the interior of the uterus forming a large wound and presenting, as Cruveilhier has observed, an exact analogy to the surface of a stump after amputation; the more external parts bruised and sore. Bear in mind the remarkable fact, that this contagion does not affect other persons, but only lying-in women. Reflecting upon these facts, you will see too much likelihood in the dreadful suspicion, that the hand which is relied upon for succor in the painful and perilous hour of childbirth, and which is invoked to secure the safety of both mother and child,

but especially of the mother, *may literally become the innocent cause* of her destruction; innocent no longer, however if after warning aand knowledge of the risk, suitable means are not used to avert a catastrophe so shocking.

"In these days of ready invention, a glove, I think, might be devised, which should be imprevious to fluids, and yet so thin and pliant as not to interfere materially with the delicate sense of touch required in these manipulations. One such glove, if such shall ever be fabricated and adopted, might well be sacrificed to the safety of the mother, in every labor."

Think of these sentiments and suggestions uttered and made ninety-odd years ago! Uttered, too, when practically every prominent obstetrician the world-over believed puerperal sepsis to be an essential fever—as much so, indeed, as typhus or typhoid. Uttered five or six years before Dr. Oliver Wendell Holmes published his remarkable paper in 1843, emphasizing the fact that puerperal fever is contagious and is often conveyed by both physician and nurse. Uttered ten years before the immortal Semmelweis did his era-making work in demonstrating that child-bed fever is a highly contagious malady and that he and his fellow students in the great Lying-in-Hospital of Vienna had all been innocent purveyors of decaying animal matter that was the deadly infecting agent.

The reader may wonder that Watson would include puerperal fever in his list of subjects on Practice; but for this there were two reasons. First in that day puerperal fever, as said elsewhere, was deemed an essential fever; secondly, lecturers on practice in that day presented many diseases given over to the specialists later.

Flint's Practice I did not come to appreciate until later. But in addition to being the most concise work on

Practice in the Civil War era, it was, moreover, the best arranged and more systematic than many of the others. Speaking of conciseness, however, Hartshorn's Essentials of Practice headed the list. This was a small 12mo that got at the pith of ailments both as regards description, diagnosis and treatment.

Loomis' Practice, which came out first in the mid-eighties was beyond criticism; and the same could be said of Bartholow's work which appeared some years earlier. Osler's Practice appeared in the nineties and was for its day what Flint had been in his time—plain, concise, complete. Indeed, Osler was the Flint of his day as Flint was the unconscious prophet and forerunner of Osler in his.

The publication of Ziemsen's Cyclopedia of Practical Medicine began in 1874 and I subscribed for it and have never had occasion to regret it. This was printed in large clear type and bound in sheep. It was the first work to herald the germ theory of disease, then just being accepted by a very few, in this country. The work was made up of a series of monographs by able German physicians.

The introductory chapter was on infectious diseases and in this all that was known relative to this class of ailments was set forth and much that has since come to be known was predicted. Liebermeister, the author of this chapter, boldly asserted that "The poisons of infectious diseases can reproduce themselves, and to an unlimited extent." All the monographs in Ziemsen were full and embraced a well-considered history of the disease under discussion together of course with its nature, pathology, causation, symptoms, diagnosis and treatment. Liebermeister's article on typhoid, written full fifty years ago, is in large degree up to date. The typhoid bacillus had not then been discovered, but Liebermeister predicted that it soon would be, and a very

few years, revealed him a true prophet. Liebermeister called typhoid abdominal typhus, and, as we have seen, George B Wood bestowed upon it the name enteric fever, but the appelation typhoid, given the ailment by Louis, the celebrated French clinician, nearly one hundred years ago, perhaps will always endure.

The last volume of Ziemsen, Volume XX, was wholly devoted to a very full and satisfactory index. What was unusual in a Cyclopedia of the Practice of Medicine coming from the press when Ziemsen did, one volume was devoted to diseases of females and another to diseases of the skin. My experience has been that the German does not translate into as readable English as does the French, nevertheless I have found in Ziemsen a veritable mine of useful and helpful information.

Many years ago I bought a copy of Dr. J. M. Da Costa's Medical Diagnosis and I have always found it very, very helpful—this notwithstanding the fact that I have since added Butler, Cabot and Hare. But DaCosta as a diagnostician was my first love and I have never swayed from my devotion to him. Like Flint, he is clear-cut, concise, knows when he has made his point and quits when he has made it.

My work on the obstetrics was by Bedford of New York, made up of lectures delivered to his classes at Bellevue Medical College. His style was attractive and what he had to say made easy reading. Unlike Hodge and Meigs of Philadelphia, Bedford was a believer in the contagious character of puerperal fever and he inculcated care and cleanliness on the part of doctors and nurses. Naturally I have added later works on obstetrics to my library, but none of them have wholly displaced Bedford who long ago ingrained many of his teachings into my medical make-up.

Druitt's System of Modern Surgery, a veritable *multum in parvo,* answered my purposes admirably in my student days and when I was a young practitioner,

later I purchased Bryant, Ashurst's three volume work and Wythe. Meanwhile I added other works on surgery to my collection. Among these were John Syng Dorsey's Surgery which appeared in the early part of the 19th century and was the second work on surgery issued from the American press by a native author. Dr. Dorsey was a nephew of Philip Syng Physick, the "father of American Surgery," and a pupil of John Hunter. I also have a copy of the Surgery of James Syme, a great Scottish surgeon of a hundred years ago. He is said to have been one of the most dextrous and rapid operators in all surgical history. Moreover, he was spoken of as a "genial, happy, even-tempered man, who 'never wasted a word, a drop of ink, nor a drop of blood,' yet a broad-minded, liberal spirit withal, welcoming all surgical innovations of value." He was one of the first European operators to adopt ether anesthesia (1847). He was the preceptor and father-in-law of the world-renowned Joseph Lister and moreover, one of the first to accept listerism (antisepsis) in surgery.

I have a copy of George McClellan's surgery. George McClellan was a noted Philadelphia surgeon near the middle of the 19th century and he was the father of General George B. McClellan of Civil War fame. Furthermore I have Miller's surgery whose author was an eminent London surgeon two generations ago. I also have the two-volume work of S. D. Gross, one of the fullest and most complete works in the English language in its time. This like all else that Gross put in print was very readable.

I have Paget's Surgical pathology, which is all but as readable as Watson. Sir James Paget was a great English surgeon whose life covered the greater part of the 19th century.

Another English work of the middle of the 19th century is a small volume embodying the lectures of

John Simon on General Pathology. Simon defined disease as follows, "Nature gives a certain habit and method of working to the body—a certain law or norma of action; any departure from this norma—anything abnormal in the action of the body constitutes disease." In this connection it may not be out of place to give the definition of disease by C. J. B. Williams, a noted English clinician of the last century and which is as follows: "Disease is a changed condition or proportion of function or structure of one or more parts of the body." Williams' definition I can but regard as one of the most complete and yet concise of any that I can now recall.

Williams' Principles of Medicine was a classic when I was a student and was highly recommended by some of my instructors, but I fear I failed to get as much from it as I might.

I have a number of old classics among which I may name Cullen's First Lines of the Practice of Physic. Cullen was a great English Physician who lived in the 18th century and exercised a profound influence on the medicine of his day.

Another classic is Commentaries on the History and Cure of Disease by William Heberden, a contemporary of Cullen and a fine classical scholar and withal a close and careful clinical observer. He was the first to describe angina pectoris and bestow upon it the name it yet retains. Speaking of this disease he says in his Commentaries, "I have seen nearly a hundred people under this disorder, of which there have been three women, and one boy twelve years old. All the rest were men near, or past the fiftieth year of their age." Heberden describes pulmonary tuberculosis under the name of Phthisis Pulmonum and he says, "A consumption appears by the London bills of mortality to be in the city the most destructive of all maladies to adults; one in four of those that grow up to manhood being re-

ported to be carried off by this distemper." Thus two hundred years ago tuberculosis would seem to be nearly twice as deadly in its ravages as it is today.

Heberden says further, "In England we have little apprehension of the contagious nature of consumption; of which *in other countries they are fully persuaded.*"

When Heberden wrote his Commentaries the designation tubercle had no existence as we now know it, hence the following sage observations, "Dissection of those who have died of pulmonary consumptions, have acquainted me, that their lungs are full of little glandular swellings, many of which are in a state of suppuration. They appear to be of the same nature as the strumous swellings in the neck, but must always be more dangerous, because the texture of the lungs disposes them to spread, and because the office of the lungs is necessary to life, so that they cannot be greatly injured without the worst effects upon life."

Great as were the ravages of pulmonary consumption in Heberden's day, yet he notes some remarkable recoveries from that ailment as the following shows: "This was the case with that very ingenious and learned physician, Sir Edward Wilmot, who, as he told me, when he was a youth, was so far gone in consumption, that the celebrated Dr. Radcliffe, whom he consulted, gave his friends no hope of his recovery; yet he lived to be above ninety years old."

If we should meet a medical friend and he should say he had just been waiting on a patient who had been the victim of lipothymia; we should be at a loss to understand what the nature of the ailment was; yet lipothymia was Heberden's designation for syncope, or a fainting fit.

I can think of no old author more pleasant to read than Heberden. He died in 1801 in his 91st year.

I have an old work by Sydenham, "On Acute and Chronic Diseases," printed in 1668, which is interesting

mainly from its quaintness. Sydenham lived in the time of Charles I and Cromwell. He was undoubtedly a great clinician and insisted that the only place to learn medicine is at the bedside. He was a contemporary of Harvey, the discoverer of the circulation, but took no interest in this achievement as the scientific side of medicine offered no attractions to him. He had very much to do in introducing the use of Peruvian bark in England. He regarded horseback riding as an almost certain cure for consumption, and of this he says, "But the best remedy hitherto discovered in this case, is riding sufficiently long journeys on horseback, provided this exercise be long enough continued; observing that the middle-aged must persist in it much longer than children or young persons. For, in reality the Peruvian bark is not more curative of an intermittant fever, than riding is of consumption at this time of life."

Sydenham's ideals in his profession may in part be gathered from the following quotation from his works: "In writing therefore a history of diseases, every philosophical hypothesis, which hath prepossessed the writer in its favor, ought to be totally laid aside, and then the manifest and natural phenomena of diseases, however minute, must be noted with absolute accuracy, imitating in this the great exactness of painters who in their pictures copy the smallest spots or moles in the originals."

Among a number of books in my possession dating back to the last half of the 18th century and the first half of the 19th, may be named James Lind's Essay on "Diseases Incidental to Hot Climates with the Method of Preventing their Fatal Consequences."

Yellow fever was the disease most frequently encountered and a routine treatment at the inception of this disease was a free administration of James' powders made by combining in a heated crucible horn-shavings and tersulphate of antimony which left a white powder.

This was freely administered until purging followed, meantime the patient was bled, blistered and later purged again if the need arose. Such was the heroic treatment recommended by Dr. Lind who was a recognized authority on tropical diseases.

Dr. Lind refers to a curious custom resorted to by some of his predecessors in the treatment of tropical diseases. On the theory that the blood was the vulnerable part in the bodies of early-arrived persons, they were subjected to frequent bleedings while yet in health, till as much blood was removed as it was thought their bodies contained, meantime they drank freely of water and ate heartily of food; this on the theory that native water and native food would create native blood, so to speak, that would have the power of resisting native diseases. This was what might be called heroic preventive medicine. It need hardly be added that about all the effect it had was to weaken the subject and make all the more liable to infection—or, as we would say today it lowered resistance.

Lind's Essay is a classic and there is appended to the fine old leather-bound volume containing it an extended article on Intermittent Fever.

Speaking of intermittents reminds me that I have another fine old leather-bound book entitled "A Treatise on Malignant Intermittents" by J. J. Alibert of Paris and who describes among other varieties a cephalic intermittent in which, "Two sides of the body exhibited different symptoms, the right was affected with paralysis; the left with catalepsy."

Another work corresponding in appearance to the two last-named above dates back to the last years of the 18th century and is entitled, "Practical Observations on the Diseases of the Army in Jamaica." (As they occurred between the years 1792 and 1797) by William Lampier. In addition to malarial cases of malignant form and yellow fever the soldiers and inhabitants alike

in Jamaica were subject to ulcers of an obstinate and often fatal type. It is quite possible that this ulceration was a peculiar manifestation of scrofula. However, an ulcer frightful in extent and seriousness would often result from the merest scratch or abrasion of the skin.

The poison, or infecting virus, of these ulcers was believed to have been often conveyed by flies. Says the author, "In a country where ulceration so easily is induced, and where the discharges of ulcers often are of the most acrid and offensive kind, a communication of this matter to the sound part of the patient from whose ulcer it is produced, or to that of any other of the sick, frequently will give rise to fresh ulcerations; and when applied to other ulcers it never fails to render them worse. The dressing of ulcers never should be intrusted to the charge of orderly men who act as nurses; and certainly it is important that each patient has a sponge, water, and dressing to himself; that the surgeon is exceedingly cautious in cleaning his instruments after he has used them, and that the bandages and linen be not intermixed, and be as frequently washed as circumstances will admit." For its time this advice was certainly remarkable no less than valuable and in many particulars far ahead of the procession, as it were.

XXIII

"OUR SINGING DOCTOR"

And How I Came to be the Author of a Beautiful Poem

The singer who lived is always alive; we hearken and always hear.

John Boyle O'Riley.

As elsewhere stated, I served as Secretary of the Aesculapian Society of the Wabash Valley for a period of ten years—from 1876 to 1886.

During this period the Society had a rare accession to its membership in the person of Dr. James Newton Matthews of Mason, Illinois, a gifted poet. In the truest sense of the word Dr. Matthews was a Country Doctor, and as such spent his life in the little Southern Illinois village where he grew up and later gave his professional services to the plain, simple folks that made up the community. Those who knew Dr. Matthews best could but feel that he was well worthy of more of the good things of life than came to him from the material side, for he was one whom to know was to love. He was a born poet and of the Whittier stamp, and though he wrote and published no little, yet never printed a bad line.

The year 1886 was the Fortieth Anniversary of the organization of the Aesculapian and in honor of this it was decided to have a banquet, toasts and the usual etceteras. It devolved on me to get up the program and in assigning toasts I sent Dr. Matthews the following: "They had no poet and so they died."

In a few days I had a letter from him asking who the quotation was from and making some further inquiries.

In reply I said the line was from Horace and answered his other questions as satisfactorily as I could.

In due time came the date for our banquet and brought with it a raw, cold night. But we braved the weather and soon after getting rid of our hats, overcoats and other wraps, sat down to a table loaded with the good things common to the *board* a generation ago in that fattest of fat lands, the Illinois Corn Belt. Whether it was the sharp edge of the "snappy" weather, or whether it was the exceptionally tempting quality of the food, at any rate, all feasted till the inner man was fully satisfied. Next, cigars were brought in and the atmosphere that had been roasted by a red-hot stove was saturated and darkened by tobacco smoke till the dim light of the three or four coal oil lamps could hardly penetrate it. Then it was that with guests unduly feasted with the room unduly heated, with its atmosphere unduly clouded, the Toastmaster with his knuckles, duly rapped attention on the table before him.

In response to the toast, "Our Older Members", good old Doctor M. read a long paper that from beginning to end was devoid of both pith and point. Moreover, during the delivery, or rather reading, of this he kept his seat, kept on his hat and pulled this down over his ears under the plea that he was "afraid of catching cold." An unsympathetic brother whispered in my ear that in that room there was vastly more danger of "catching heat,"—an observation that I could but endorse.

A little later in response to the toast, "Our Younger Members," a young and recently graduated M. D. read a paper in a trembling voice and meantime remained seated and kept on his hat as had his older predecessor during his response. All this was too much for the self-contained, sarcastic speaker who followed and spoke for the "Stalwarts." This was none other than the brilliant-minded and fluent speaker, Dr. John Morgan McKown,

referred to elsewhere as the writer of the remarkable set of resolutions at the first meeting of the Aesculapian at Terre Haute, Indiana. He always spoke extempore and on this occasion began by saying, "The course pursued by other members this evening tempted me when my time came, not only to remain seated, not only to put on my hat, but to put on my overcoat, my muffler, my gloves and my overshoes, as well. For when thus attired Mr. Toastmaster, if I am to profit by examples set before me on this occasion, I would be in fit array to address you." Following the always interesting Dr. McKown were other speakers who like most country doctors were ill at ease when trying to think and talk on their feet. Finally when all the toasts but the last had been responded to, the Toastmaster* arose and said he "deemed the Aesculapian especially fortunate in having among its members a most gifted poet, and hence for not being blessed in this way we could but look with pity upon most of our Sister Medical Societies. However, being ourselves possessed with a 'Singing Doctor' it is now my most enjoyable privilege to introduce our most esteemed colleague, Dr. James Newton Matthews who will respond to the toast, 'They had no poet and so they died.' "

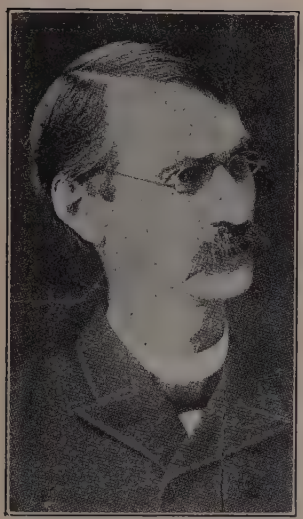
Our "Singing Doctor" modestly arose and in earnest tones read the following:

THEY HAD NO POET AND SO THEY DIED

In the dim waste land of the Orient stands
The wreck of a race so old and vast,
That the grayest legends can not lay hands
On a single fact of its tongueless past;
Not even the red gold crown of a king,
Nor even a warrior's shield, nor aught beside,
Can history out of the ruins wring,—
They had no poet and so they died.

Babel and Nineveh, what are they,
But feeble hints of a passing power
That over the populous East held sway,

* Dr. Z. T. Baum of Paris, Illinois.



James Newton Matthews

Austin Flint

Illinois State Medical Society
Badge 1916

In a dream of pomp for a paltry hour?
A toppled tower and a shattered stone,
Where the satyrs dance and the dragons hide,
Is all that is known of the glory flown,—
They had no poet and so they died.

Down where the dolorous Congo slips,
Like a tawny snake, thro' the torrid clime,
Man's soul has slept in a cold eclipse,
On the world's dark rim since the dawn of time;
And if ever an ancient Nubian wrought
A work of beauty, or strength or pride,
It was unrecorded and goes for naught,—
They had no poet and so they died.

And even here in the sun-crowned West,
In the land we love, in the vales we've trod,
Where the bleeding palms of the world find rest
On freedom's lap, at the feet of God,—
Even here, I say, ere the world waxed old,
A race Titanic did once abide,
But, ah! their story is left untold,—
They had no poet and so they died.

The same old tale! and so it will be,
As long as the heavens feed the stars,—
As long as the tribes of men shall see
A lesser glory in arts than wars;
And so let us live and labor and pray,
As down we glide with the darkling tide,
That never a singer of us may say,
They had no poet and so they died.

My feelings while Dr. Matthews was reading his beautiful poem and for a time after he had sat down can perhaps be better imagined than described. I was thrilled, through and through, and hard, indeed, was it for me to realize that the seemingly simple line I had selected for a toast for our poet-doctor should be as the planting of the seed for the production of an exquisite composition. I felt like I imagine one feels who is permitted to withdraw the curtain from a rare painting and for the first time allow the world to look upon its beauty.

Up to this time I had enjoyed only a little more than

a speaking acquaintance with Dr. Matthews. Later a contribution I had made to a literary periodical drew from him a friendly letter. Just a little while before I had seen his poem, "The Old Fireplace," and as I read it with great delight it was only fair that I should write him about it. Later still he was my guest and his modesty and amiability in every way won and ever after retained my esteem and friendship. Another time he was my guest when James Whitcomb Riley gave one of his famous readings in Champaign and he, too, became my guest for a night and day, and to see and hear these two truly-born poets was a rare treat.

Recurring to the poem read at the Aesculpian in response to the toast, "They had no poet and so they died," I met Dr. Matthews shortly after its delivery and told him I owed him an apology. And when he asked what for, I said I had been guilty of a misquotation, that in the line given him from Horace, "so" was inadvertently supplied by me, and that its proper reading was, "They had no poet and they died." He smiled and said in reply, "Why I never could have written the poem had the *so* been left out."

Thus my reader will see that there is a double reason why I can justly claim to be the "author of a beautiful poem,"—though no poet myself.

I cannot forbear quoting some things from my gifted poet-friend now long since gone to his reward. One of his poems is entitled:

WITH THE DOCTOR

"Mother, make room in the bed for me,"
A shivering child in the garret cried,
As the plague swept up like a crimson sea
To his face so faded and hollow-eyed.
Into her lifted and withered arms
He crept, and there on her wasted breast
Was cradled away from the world's alarms,
To the dreamless calm of a perfect rest.

It mellowed my heart like a shower of prayers,
When the morning rose with a lurid glare
On the empty town, and I climbed the stairs
And gazed on the pale, cold sleepers there.
As I galloped away with a stifling sigh
From the pest-house gates, I fashioned this plea,
With a sad face fixed on the sunless sky,
"Thus, Father, O Father, make room for me."

In another poem Dr. Matthews refers to the old time doctor as follows:

Tho' the future may flout them and scout them,
The world had been sadder without them;
Tho' they rest in their graves without glory,
Tho' they live not in song nor in story,
No prophet—no priest—had a mission
More sacred thro' all the dumb years
Than that of the old-time physician,
Whose dust we bedew with our tears.

In the following Dr. Matthews all unconsciously depicted his own gift under the title:

THE WRITER

Of all the arts in which the wise excell,
Nature's chief masterpiece is writing well.
—BUCKINGHAM.

That man is master of the noblest art
Who, with a sorcery of speech, has power
To draw from out the dormant soul its flower
Of warm and perfect passion, or to start
With floods of song the cascades of the heart
To plunging cataracts, amidst whose shower
Of spattering spray a thousand rainbows bower,
And beautify our lives in every part.

The following is a far different production and should at least interest the medical man:

AN ODD FANCY.

Just back of the light of her eyes,
Just under the pink of her hands,
Whose velvet the lily out-vies,
A skeleton stands.

Beneath the gold crown of her tress,
And the clustering gown that she wears,
And under the silks that caress,
A skeleton stares.

Her laughter is that of a lover,
Her lips are as lush as the South,
And I shudder to think they but cover
A skeleton's mouth.

Her steps are as light as the low
Drip of dew from the rim of a rose,
Yet I know that wherever they go
A skeleton goes.

She sits at the banquet with me,
And ever her loveliness wins;
Yet back of her beauty I see
A skeleton grins.

She is first at the party and ball,
And the grace of her motion entrances
Like music—yet under it all
A skeleton dances.

Tho' shocked at the plight she is in,
One thought I have kept out of view;
Perhaps she sees under my skin
A skeleton too.

Under the title "Our Singing Doctor" is the following from the well-known writer, Benjamin S. Parker:

(JAMES NEWTON MATTHEWS)

Dear Galen, I thank thee again for thy singing,
As one thanks the robins that herald the spring,
When brows that are aching
And hearts that are breaking
Are mended because of the promise they bring.

Dr. Matthews died about fifteen years ago greatly mourned by his little village and the community surrounding. He was in the truest sense a poet-physician and many of his most beautiful things were moulded and shaped in his mind while going his professional rounds and viewing the quiet landscape in his locality and meeting the simple folk, his neighbors.

Our Singing Poet was a bosom friend of James Whitcomb Riley, the celebrated Hoosier Poet, who wrote the following to —

JAMES NEWTON MATTHEWS

Bard of our Western world!—its prairies wide,
With edging woods, lost creeks aand hidden ways;
Its isolated farms, with roundelays
Of orchard warblers heard on every side;
Its cross-road school-house, wherein still abide
Thy fondest memories—since there thy gaze
First fell on classic verse; and thou, in praise
Of that, didst find thine own song glorified.
So singing, smite the strings and counterchange
The lucently melodious drippings of
Thy happy harp, from airs of "Tempe Vale,"
To chirp and trill of lowliest flight and range,
In praise of our To-day and home and love—
Thou meadow-lark no less than nightingale.

After Dr. Matthews' death his poems under the editorship of William Hurt were collected and published with the title, "The Lute of Life."

In his preface William Hurt said, "Our poet is too recent for a just renown. Contemporaneity is not favorable to complete appreciation. When the perspective of years shall have fixed the proportions of genius, when Time has affixed his appraisement, then will the balance of Fame be truly adjusted. In that day will James Newton Matthews come into his own.

"He went forth as a physician and ministered as a priest. He healed the heart as well as the body. His religion was a beautiful optimism that made better all who came within its zone. He never was known to speak ill of any living creature. He looked for the good in his fellow-men—and found it.

"His heart was a hospice for all the world's rejected. Great sinners he enfolded with his forgiving pity, and the mantle of his capacious charity covered their multitudinous defects until they seemed robed with righteousness."

Perhaps these traits of Dr. Matthews could not be better expressed than what he unwittingly said under the title—

NOT A POET

However gifted, he no poet is
Who does not, in his amplitude of soul,
Infold with pity, and with tears condole,
The faults and failings of a world like this—
Who does not, with the God-like grace that's his,
Give love unto the loveless, and console
The helpless and the hopeless, making whole
The broken-hearted with brave dreams of bliss.

The following by the Editor of "The Lute of Life" speaks for itself, and will conclude the selections from the many tributes to Dr. Matthews:

IMMORTALITY
(In Memory of James Newton Matthews)

His harp is hushed and rimmed with rust,
Its music is forever mute;
The singer's lips are dumb in dust—
A dead hand lies across the lute.

Yet for the touch that Love has taught,
For sake of sweetness that it gives,
The gracious work his genius wrought
Shall live as long as language lives.

—Walter Hurt

XXIV

"GRIP," THE GREAT PANDEMIC OF THE LATE EIGHTIES AND EARLY NINETIES. "FLU," THE GREAT PANDEMIC OF 1918-19

Still, noisome, deadly, sleeps the envenomed air, . . .
. . . One little moment's breath
Bears on its viewless wing the seeds of death.
Holmes.

IN the summer of 1889 the newspapers and medical journals began to speak of an epidemic of influenza that had its origin in the interior of Turkestan, where one of the medical officers of the Russian railway recognized the disease and appreciated its extraordinary epidemic characteristics. From Turkestan the disease extended very slowly through Russia, but no slower than travel and traffic moving in that backward region.

From St. Petersburg it extended to various places in Europe and December 17, 1889 the first case was noted in New York City and from thence spread over the United States just as rapidly as express and accommodation trains could carry passengers.

As the last previous great epidemic of influenza (the one in 1889 was called La Grippe) was a full generation in the past very few physicians had ever seen a case. Indeed, I never met a physician who had seen and treated cases of this disease in the last previous epidemic. Thus, naturally, we were all on the alert to see what the great approaching pandemic had in store for us, for by this time it had practically enveloped the whole inhabited world, even Greenland was not spared.

Well, in the early days of 1890 I, in common with my professional brethren had all the work that could be well attended to. We soon noticed that substantially all the

cases could be embraced under three general classes, namely, nervous, or febrile; respiratory; and abdominal. By far the greater number fell in the first class, and patients would go through an attack with no symptoms other than what could be attributed to the toxins of the disease, namely, fever sometimes reaching 104°, severe headache, pain in the back and in the joints.

In the second form the patients would be seized with all the symptoms of coryza, as sneezing and running from the nose and eyes, then a little later there would be coughing and the expectorating of mucus, or as the people expressed it the disease "had settled on the lungs." Meantime there would be fever, headache and pains in various parts of the body. In the third class of cases, in addition to fever, headache and pain in various localities, there would be sick stomach and diarrhea that would mainly consist of watery discharges, meanwhile there would be practically no respiratory symptoms.

Most of the patients would be sick only three or four days, but in substantially all instances convalescence was attended by extreme, seemingly, unaccountable, weakness, no matter what form the type of influenza that had preceded.

I do not recall that any particular class of persons were the favorite victims of attack. Indeed, as I recall it all ages, both sexes and all conditions, high, low, rich, poor, white, and black, were all alike sufferers from the markedly impartial disease. I would say that two-thirds, possibly three-fourths, of the population were stricken first or last, for in the most literal sense the ailment was *upon* the people, that is to say it was really and truly, an epidemic.

But while the morbidity of the disease was very great its mortality was surprisingly light. Those who died were in the great majority of instances invalids, very old, or greatly lacking in vitality from one or another cause.

In about four weeks after the advent of the epidemic it had spent its force and became a matter of history as we supposed. But in this we were in error for with the approach of cold weather during the winter of 1890-1 we realized that we were once more in the clutches of "grip" as we had come to call the influenza epidemic. During this second visitation (or trailer as epidemiologists name it) cases were far less numerous than in the preceding outbreak, but were much more severe and more liable to serious complications. In most instances the complication if serious in character, was pneumonia. The winter of 1891-2 witnessed the coming of another "trailer" and if anything the cases of pneumonia were relatively more numerous and more virulent than during the visitation of 1890-1.

The winters of 1892-3, 1893-4 and 1894-5, also experienced visitations of "grip." The years 1889-90 was however the period of the great pandemic of influenza. Later the disease dropped its epidemic form and prevailed as an endemic, that is to say prevailed in certain localities only.

However, the later epidemics and endemics of influenza, or "grip" did not burst, or explode, upon the people, as it were, as did the great pandemic of 1889-90. Indeed, so suddenly would the inhabitants of a given locality be attacked in the great pandemic that many were impressed with the belief that the disease was conveyed in or carried by the atmosphere much as if it were a gas, but the more intelligent among the laity, recalling that the particular germ had been isolated and proved to be the cause of a given disease came to think the influenza or "grip" would likewise in the course of time be discovered to be a germ-spreading disease. Time proved these conjectures to be correct, for in 1892 Richard Pfeiffer of Germany isolated a bacterium which he demonstrated was the causative factor in producing

the disease. This germ he named the Bacillus influenzæ, though it is often called the Pfeiffer Bacillus in honor of its discoverer. This discovery was no surprise to the profession and but little to the laity, and to both came as a satisfaction.

As to treatment, we in those days had not gotten over the use of quinine in many ailments as a sort of routine remedy. Likewise we made use of aconite in nearly all feverish conditions let the malady be what it might. These facts being true quinine and aconite were used freely in our grip ceses and likewise Dover's powders. Furthermore, the coal-tar preparations which had but recently been introduced were used freely to allay fever and assuage pain. Fortunately few if any bad results occurred from the wholesale administration of these, but this was due to good luck, for none of us were as yet cognizant of the power for harm of these preparations.

The more I saw of the great pandemic of 1889-90 the more it interested me and not a great while after it subsided I began a study of the literature of the ailment. I found that instead of being a new disease it was in fact a very old one, so old in fact that Hippocrates who lived in the fifth century before Christ saw and described it. In A. D. 877 there was a very severe and extensive epidemic and the army of Charlemagne returning from Italy suffered severely from this scourge. Following this outbreak in due course were many others, but of few of these, are their written records.

In 1510 influenza swept over the British Islands and a description of the disease as it appeared at that time by Thomas Short is, to say the least, graphic and he was led to say that the ailment was "attended by a grievous pain in the head, heaviness, difficulty of breathing, hoarseness, lack of strength and appetite, restlessness and retchings from a terrible hacking cough. Presently

succeeded a chilliness and so violent a cough that many were in danger of suffocation. The first day it was without spitting, but about the seventh or eight day much viscid phlegm was spit up. Others, though fewer, spat only water and froth. When they began to spit, cough and shortness of breath were easier. None died except children. In some it (the attack) went off with a looseness, in others by sweating. Bleeding and purging did hurt."

Since this outbreak in England in 1510, and by the way about the same time Scotland, Ireland and in fact the whole known world was invaded by the disease four hundred years ago there is authenic record of three or four pandemics of influenza in each succeeding century and this has led to the observation that there is an interval of from twenty-five to forty years between the great world-outbreaks. However each pandemic, as noted before, is succeeded by several years in which local outbreaks, or trailers, attended however, with much less morbidity than the first onslaught of the disease, but with more relative mortality, that is to say fewer cases of illness but more fatality in proportion, not so many attacked but comparatively many more deaths.

After going through the 1889-90 outbreak and making a somewhat careful study of the disease under the title, "Grippe, Influenza, or Epidemic Catarrhal Fever," I prepared an article which was published in the American Practitioner and News of Louisville, Kentucky, in March 1890.

As I suffered from an attack of the disease not long after it reached our locality in the great pandemic of the late eighties and early nineties of the last century I included a description of this in my article published in the American Practitioner and News and from this I quote as follows: About 11 A. M. January 9, 1890 I was sitting quietly and alone in my office when all at once

and with the quickness of thought, I became conscious of a sense of chilliness in the back of my neck. This sensation was speedily tranformed into one of extreme coldness, which passed down my back and from thence radiated over my whole body. So surprising in their suddenness were my sensations that I instinctively looked around to see if my outside door had not blown open and permitted a gust of January wind to rush in and envelop me in its penetrating coldness. But a glance towards the tightly closed door was needed to convince me that there was not so much as a breath of cold air coming from that quarter, while a glowing hard coal fire near where I was sitting caused the mercury in a thermometer hanging on the wall some ten feet away to stand at 70°. Recalling that my symptoms were in every sense subjective I said aloud, "O, it's the "grip." But upon second thought and with that readiness in human nature to have something happen to almost everybody save one's self I said, "Pshaw! I'm only taking cold!"

I soon began to sneeze and a little later warm water began to trickle from my nostrils and run from my eyes. At the noon hour I went to dinner and remembering the old adage, "Stuff a cold," etc. I ate heartily. In the afternoon I attended to business as usual, though not without much physical discomfort in the way of a handicap. Meanwhile over my entire body flashes of heat seemed to be playing a kind of game of hide-and-seek alternated with dashes of cold. When the time came I ate supper as usual but not with my usual relish. Next I visited a patient not two blocks from my residence; nevertheless in going to and from the case I became conscious that my walk was a little unsteady from a sense of dizziness in my head. Upon going to bed I realized that all my cold-symptoms were greatly exaggerated. In a word I had a cold plus a good deal else, for my eyes were painful, water was streaming from them and likewise

from my nostrils, and I had a severe headache centered just above my eyebrows.

Upon going to bed I took a capsule containing a sixth of a grain of opium, one grain of camphor and two grains of carbonate of ammonia. My sleep was so far from being restful that it really came under the class, broken. I, however in wakeful moments attributed this to the small and repeated doses of opium,though I was not unaware of the fact that my fever was all the while increasing. About seven o'clock next morning I wakened from my unsatisfactory rest with a violent headache, a bitter taste in my mouth, while my tongue was clammy and my lips dry. I had a half-nauseous sensation in my stomache and a feeling of "weakness" so to speak, in my bowels. In the back of my head, in my right shoulder and across the region of my kidneys I had severe pain, though it is little, if any, exaggeration to say that I ached in every fibre of my body and taken altogether felt woefully sick. I no longer felt that there was any reason, whatever, to question the fact that I was a sufferer from an attack of grip of the "purest water."

I took a full dose of antifebrine and in due time experienced some little relief. There being some tendency to constipation and noticing that the kidneys were not acting freely as seemed desirable, I made use of cream of tartar dissolved in water and found the acid taste of this most grateful in my feverish condition. After a time I began to sweat a little, but an attempt to sit upright produced dizziness and renewed pain across the "small" of my back. During the day I took fifteen grains of quinine and meanwhile by turns I had "sweats" and feverish spells.

When night came I confess I dreaded the thought of passing through it, but taking another full dose of antifebrine I tried to court the favor of the drowsy god. But my efforts were so unsatisfactory, and my restlessness so

marked that I found a large "double" bed much too small for my stretchings and "tumblings about."

Before the close of the next day I realized that some of my more acute symptoms were not so distressing in character, though I suffered from utter and unaccountable prostration—now ate and relished a little orange, but the mere thought of substantial food was sickening. The third day I sat up a little and began taking with a little effort, some light food; the mere sight of hearty food, however, was as yet repulsive. The fourth day I was able to be up and walk about the house but was still unaccountably weak. I took iron and quinine and by the exertion of some will-power, managed to get down some beef and other nourishing and strength-building food.

For days and days my legs were weak and after walking pained me. After the fever subsided I was left with a bronchial cough which remained with me for about two weeks. At the end of about a month I had regained my wonted strength, seemingly.

Some years later during a visitation of an endemic of influenza I was stricken again, but seemingly the attack was much lighter than the one described above. However, I remained at home for three days when in response to a number of solicitations I resumed professional work. Three days later I suffered a relapse, so severe in character that I took my bed and remained there for eleven days. I did not call in a brother physician, but made use of such remedies as my no doubt greatly impaired judgment suggested. I have since thought that maybe I had circumscribed pneumonia as a complication, but whatever may have been the facts in this regard, I finally left my bed, began to go about and later in a half-hearted manner resumed professional work. It, however, took me months to regain even a decent moity of my former strength, and meantime a medical friend

accosted me and said, "Why Johnson your attack of illness has made you look ten years older!"

Well, however, I may have looked I certainly felt older and much feebler than before. Years and years after one of my sons said to me, "Well Papa at last you have come to look and move about like your former self." For many long months subsequent to this last attack I had much pain and tenderness in my larger joints and in less degree these symptoms continued for years.

Since my experience personal and clinical in this disease I have had an abiding interest in it and in the succeeding years have accumulated no little literature pertaining to la grippe, or "grip" as the laity called it. A most excellent monograph on this ailment by Dr. James C. Wilson may be found in Pepper's System of Medicine. But perhaps the best and fullest contribution to this subject is from the pen of the late Dr. C. Leichtenstern in Nothnagel's Cyclopedia of Practice.

"FLU"

The season of 1918 was not far advanced when we began to read in the papers about the Spanish Influenza which was prevailing in Spain. Then as time went on we learned how it was spreading through contiguous lands and finally through the whole of Europe and the Mediterranean countries. Finally on August 28, 1918, some sick soldiers (the World War was yet in progress) arrived in the Port of Boston, Massachusett and were transferred to Chelsea Hospital in the same Commonwealth where the ailment with which the soldiers were suffering was diagnosed to be the so-called Spanish Influenza.

During the months of September and October following the disease spread over practically the whole of North America and meantime had bestowed upon it the popular name "flu." For some time epidemiologists seemed to be in doubt as to the true nature of the disease.

However, in time it was seen that the ailment was attended with the same symptoms and followed by the same extreme weakness that had characterized the great world pandemic of 1889-90, and which all agreed was influenza, though nick-named "grip." Consequently the Spanish Influenza, or "flu" of 1918-19 was finally seen to be the long known influenza, or "grip" of 1889-90, nothing less, nothing more.

However, the last great pandemic developed some unusual and unexpected characteristics: One of these was the relative frequency of pneumonia as a complication. This complication occurred in from 5 to 10 per cent of the cases and moreover was all too frequently, virulent in type. Furthermore the victims of this complication were in most instances strong healthy persons between the ages of 20 and 40. I recall that one day during the prevalence of this pandemic three strong men in mature life, all my acquaintances, were at the same time in their coffins, death in each instance the result of a pneumonic complication. This was in striking contrast to what was observed in the great pandemic of 1889-90, when the victims were in most instances people advanced in years. Fortunately for those of us who had passed our threescore-years-and-ten, in the last great pandemic, those of our class seemed specially immune to attack in the 1918-19 outbreak.

When the great pandemic of influenza struck this country in 1918 we had no less than one and one-half million World War soldiers in camp getting ready to go overseas and do their "bit" in the great struggle. Sad to say thousands and tens of thousands of these strong, alert young men yielded up their lives to the inroads of "flu," the complication of pneumonia in practically all instances being the determining cause of death.

In looking over the literature of influenza it is interesting to note that while in a general way all of the

great pandemics of this disease have certain characteristics in common, yet each one of these seems to be attended with certain marks or qualities peculiar to itself. For illustration in the pandemic of 1829-30 most of the deaths occurred in children and old people. And what was peculiar, nose-bleed was a frequent occurrence.

In some pandemics in the past children have seemed to be immune, precisely as were elderly people in the 1918-19 pandemic as noted above. An outbreak of this disease which occurred in this country in 1789-90 is interesting from the fact that Washington was a sufferer from it, a fact which is referred to by Dr. John Warren as follows: "Our beloved President Washington is but now on the recovery from a severe and dangerous attack of it (influenza) in that city (New York)."

Among infectious diseases no one approaches influenza in power to spread quickly and become worldwide in proportions. But what is interesting it spreads much more rapidly in our time than in the old days. Why? Because we have the express train on land and the ocean grayhound on water. When air-ship travel, with its one-hundred-miles-an-hour progress, becomes an every-day experience the great pandemics of influenza will envelop the "ends of the earth" much more rapidly still.

While the great pandemics of influenza are usually two, three or four decades apart, the disease in epidemic, or endemic form almost never ceases to exist somewhere. Said Netter, "Just as cholera is endemic on the banks of the Ganges, and endemic-epidemic in Indo-China, so influenza has its home in the interior of Asia, and its endemic-epidemic domain in the bordering countries of Russia."

In some periods animals have been stricken with a pandemic very similar to influenza. One such period was in 1872 when the newspapers spoke of the *epizootic*

which was attacking all the work-horses in New York and in consequence traffic of most kinds and many modes of travel including horse-cars, had all come to a sudden halt. In due time our horses in the middle West came to be sufferers from this and I recall that my favorite horse was sticken with watery eyes, a free discharge from the nostrils, drooping and general prostration and depression. Fortunately the animals were seemingly as good as ever at the end of two or three days.

Referring again to the great pandemic of influenza its first "trailer" came back on time during the winter of 1919-20 but fortunately contrary to the rule, this return of the disease was much less fatal than was its forerunner a year before. Fortunately again, the winter of 1920-21 failed to bring a second return of influenza.

XXV

MEDICAL SOCIETIES

Medicine so relates itself to humanity, that in the development of his material, his intellectual and his moral nature, the physician is yet to express the highest capabilities of man.—Dr. J H. Hollister.

The Champaign County Medical Society

IN the fall of 1874 I joined the Champaign County Medical Society and certainly have never had reason to regret it. This society was organized March 4, 1859, and consequently has now had an existence covering a period of more than sixty years. Very few County Medical Societies in the State have a longer history and, indeed, few have as long.

When I joined this organization fifty years ago a dozen members present at a meeting was reckoned a large attendance. At that time three of its pillars were Dr. J. T. Pearman of Champaign, Dr. S. H. Birney and Dr. William Goodwin of Urbana. Sad to relate all three of these faithful members died of cancer before old age had overtaken them in their professional usefulness.

I served this society for ten years as its Secretary and it would be most instructive to turn to the old records and see what most interested physicians twenty, thirty, forty years ago; but unfortunately for my convenience the greater part of these records were destroyed in a fire a few years since, and whatever is presented in the way of old proceedings will have to be called up from memory.

In that period the germ theory of disease with which we are so familiar today was in its incipient

stage, if I may so speak, and save by a few of the more advanced in the profession was unknown, if indeed, not unheard of. About this time, as elsewhere noted, I became a subscriber to Ziemsen's Cyclopedia of the Practice of Medicine and with great interest read Liebermeister's Introductory article to this work in which he gave a brief review of the little known, and perhaps less understood, germ theory.

Inspired by Liebermeister's article and some kindred papers I prepared a report for the County Society in January, 1877, under the title, "Causation and Classification of Disease," in which I endeavored to show the logical importance of the germ theory and express my belief that it was destined to sway the whole field of medicine, little as was yet known of it.

In my paper I made use of the following: "Agassiz from a single fish scale as a basis to work on, thought himself justified in constructing a model of the whole fish. Afterwards a perfectly fossilized specimen of the species to which this fish belonged was discovered and it was found to correspond in the most minute particulars with the model made by Agassiz. There is certainly a much less disproportion between the germ theory of the origin of diseases and the well-authenticated facts upon which it is based, than there was between the complete model of Agassiz and the single fish-scale which served him as a model to build on. Or, in other words, the relation between the true and the probably true would seem to be more intimate in the former than in the latter. And as the revelations of time proved Agassiz correct, so we may hope, nay almost predict, that the disclosures of the future will so substantiate this theory as to place it beyond controversy. Of the facts, however, pertaining to the whole subject, it may be said that we have only the bud, and that the full-blown flower, and after it the completely developed fruit are yet to come."

In that period filth of various kinds was thought to be capable of developing various diseases, such as typhoid, typhus, dysentery, etc. To combat this idea I made use of the following in my paper: "It is true, matter undergoing the process of decomposition often produces certain forms of disease; but the symptoms are usually confined to the alimentary canal, and the disease is never communicable. The following from the U. S. Cholera Report of 1878 will illustrate the two classes of ailments: Mrs. Brewster, sister to the celebrated Dr. Henry Bennett, having gone to Vienna to attend the Exposition of 1878, put up at a large commodious hotel, which had just been opened to the public. She complained of the drinking water the first day, and would not even wash in it without first putting in cologne. She, her niece, and maid, and several servants were all attacked with diarrhea. This was thought to be a bilious complaint, caused by heat, and was looked upon as a trivial matter. Meantime the water grew worse and worse, and Mrs. B. made complaint to the landlord. She then resorted to milk and mineral water, till the first was found to be diluted with, and the second made from water on the premises. On the fifteenth day the hot water for tea at breakfast smelt so badly that the proprietor was sent for, who reported that one of the drainage pipes had broken into the well, but that a dozen men were repairing it. Her niece had refused to take the tea, but Mrs. B. had already swallowed some of it. She continued well all day but about 11 P. M. was attacked with diarrhea and vomiting, and in six hours was cyanozed and collapsed, and in fifteen hours was a corpse.

"It was then found that a gentleman had died two days before from cholera in the hotel. Four more died the same day with Mrs. Brewster, while many of the servants and guests were sent to the hospital where they afterwards died. The water was now examined and

found to be contaminated with sewage. The hotel was at last closed by the police. While the water was simply contaminated with ordinary fecal matter a comparatively trivial diarrhea prevailed, but so soon as the two cases of true cholera occurred and the evacuations got in the well, genuine Asiatic cholera at once broke out. This disease had really been in Vienna since the previous April, but the fact was concealed, so as not to compromise the success of the Exposition.'' At this period (1873) the reader should bear in mind the *comma bacillus* or cholera germ had not as yet been discovered.

Striving to show the plausibility of the germ theory of disease I said in my paper, ''To my mind, one of the strongest arguments in favor of the germ theory is the striking analogy between the growh of plants and the course of certain diseases. Take for instance smallpox: Let an unprotected person be exposed to this disease, and for about twelve days therefrom, which period is called the period of incubation, he will suffer no inconvenience. At the end of this time, however, the disease will make its appearance by the patient having high fever, which continues for a certain time, and is followed by the stage of eruption, which is followed in turn by secondary fever, and lastly comes the period of desquamation. Let a grain of corn be put in the ground under suitable conditions, and it first passes through the process of germination, which corresponds very closely to the period of incubation in smallpox. The next step is vigorous growth for the development of the stalk and leaves; this finds its analogy in the primary fever. Another step is the development of the flower, which in popular language, is the silk and tassel, and fertilization of the young shoot; this is not unlike the stage of eruptions. A fourth step is the growth and development of the ear, which may be compared to the secondary fever. Lastly, we have the drying out and

ripening of the ear, which corresponds to the desquamation process in variola. Here are five stages in either case and in both instances each stage is, within certain limits, of definite duration, and corresponds to the carrying out of a certain process. And as we know vegetable life to be at the bottom of all the phenomena in the one case, it is not unreasonable to believe that organized action, independent of the body, is the primary cause of what we see in the other."

Such were the facts, arguments and illusrations that many, many years ago, I, a young country doctor, made use of in an effort to convince some of my colleagues of the truth of the theory of the germ genesis of contagious diseases. As to my colleagues of that day, a few had vague ideas of the germ theory derived from the casual reading of brief references to it in the medical journals of the period; but if the truth must be spoken many had scarcely ever heard of it.

To make the acceptance of this theory a little more difficult and likewise to delay it longer, Dr. N. S. Davis of Chicago, as noted elsewhere, then in the prime of his professional life, came out flatly against it in a carefully prepared article which in June, 1876, appeared in the American Practitioner of Louisville, Kentucky. In internal medicine Davis, all through the West, was looked upon as an authority that we all had to reckon with. For a time this view of my old teacher, Dr. Davis, had its influence in making me hesitate to accept the germ theory, but as I came to weigh its merits, pro and con, I was convinced of its plausibility and likewise of its power to explain much in medicine that had hitherto been practically unexplainable.

But notwithstanding so pronounced was Dr. Davis against what to him was in effect a great medical innovation, that he most earnestly combatted the germ theory in his Practice of Medicine the first edition of which appeared in 1884.

However, he was not alone for a great many prominent men in the profession were slow to accept this theory and while they did not combat it as determinedly as Dr. Davis, were filled with doubt relative to its ultimate truth. One, such was Dr. Henry Hartshorne, author of the article on Etiology in Pepper's System of Medicine which like Dr. Davis' work first came out in 1884.

My paper, "Causation and Classification of Disease" referred to above, was especially well received by the members of the Champaign County Medical Society and by unanimous vote it was directed to be published in the Chicago Medical Journal and Examiner and appeared in that periodical in March, 1877. While I was not ashamed of the paper, I was mortified at the way it was read which in exact truth was "with fear and trembling;" for as yet I had not gotten over my excessive timidity when I had to appear before an audience let it be ever so small. While reading the paper my voice trembled, my mouth was so dry that my tongue almost clave to the roof of my mouth, and had I not taken the precaution to have a glass of water within easy reach, I could not have gotten through. Finally my knees were so shaky that they all but "knocked together." But somehow, some way I managed to get through, my listeners were more than kind and as noted above seemed to be especially pleased with what I had offered.

In the early nineties when the serum treatment of disease was in its earliest infancy I prepared and read a paper on that subject before the County Society.

Some years ago when the subject of the Ductless Glands began to receive attention I selected that topic for a paper and read it before my County Society colleagues.

Thus whatsoever have been my shortcomings as a loyal member of the above named organization I have

at least tried to be opportune in at least some of the subjects I have selected for consideration.

Observation and experience covering a membership of fully a half century in the Champaign County Medical Society has caused me to realize that in his home organization a man with the right spirit of "give-and-take," can receive great benefit from his fellow-workers, and likewise benefit them as well.

In May, 1875, I was a delegate from the Aesculapian to the Illinois State Medical Society, which was held in Jacksonville, Ill. When the time for the meeting came I boarded a train on the Wabash Railway and in due time reached Jacksonville and put up at its principal hotel—name forgotten. My friend and neighbor, Dr. A. T. Darrah of Tolono, and Dr. S. H. Birney of Urbana, had come with me and we three were the only representatives from Champaign County. This was the first meeting of the State Society I had ever attended and my delegacy made me a member.

Dr. John H. Hollister, then in the prime of mature manhood, was president of the Society and presided with rare dignity and fairness.

As I was a young physician and had never before attended a State meeting it was only natural that I should study new faces and watch the proceedings closely. I do not recall many of the papers presented but do have a distinct recollection of the report on Practical Medicine by Dr. E. B. Cook of Mendota, who was then in the prime of manhood and had a most excellent paper and read it well, notwithstanding the fact that he did this rapidly as it was near the close of the session and his time was necessarily short. One paragraph from Dr. Cook's paper I quote as showing the state of medicine in 1875. "Perhaps it is worthy of mention that, during the year, renewed attention had been given to the view advanced long since by Athanasius Lancisi

Kircher, and others and lately elaborated by Henle (1840 to 1853)—but not until within the last ten years has received much attention,—that of the exisence of *a contagium vivum,* or theory that the poison of infectious disease consists of living beings or low organisms —animal or vegetable—and so recently ably defended by Liebermeister, and of which he says: The prophecy which I believed myself justified in making in 1865, viz., that the theory of *a contagium vivum* would soon be the prevailing one, and that under its influence investigations would take directions that would probably lead to results of the greatest theoretical and practical imporance. This prophecy has actually been fulfilled, in part, during the past few years; a great number of the best experimentalists are the declared adherents of the theory. At any rate, it is now admitted, even by those who do not unreservedly acknowledge the theory of a contagium vivum, that it represents the view which points, more clearly than any other, to order in the chaos of facts.

"And that each of the infectious diseases, including typhoid and typhus fevers, dysentery, diphtheria, etc., results from a specific poison or contagium vivum, as has long been admitted of the acute and chronic infectious diseases—variola and syphilis."

Dr. Hollister's valedictory address was eloquent and clothed in beautiful language. Addressing more especially the residents of Jacksonville among his listeners he said, "Your beautiful homes have a language of refinement, and your surroundings an air of comfort which charm us like music, and would beguile us to rest. Jacksonville, city of beauty, of culture, of brotherly kindness. Like a bosom-bouquet, she nestles near the heart of our beautiful State. May her leaves never wither, her flowers never fade."

While in Jacksonville the doctors visited the various

State Institutions and found much of interest in each of these.

During one of the sessions a death from chloroform occurred. Dr. J. W. Freer, professor of physiology in Rush Medical College, gave a demonstration of the transfusion of blood and for this purpose used a dog that had been chloroformed. Unfortunately for Professor Freer but not a little to the amusement of the onlookers, the first animal narcoticized died on the operator's table.

Near the close of the meeting all the doctors took their places on the steps of the Insane Hospital and were photographed. Meantime the delegation from Champaign County extended an invitation for the next meeting to be in the Twin Cities of Urbana and Champaign and this was accepted. When all was over, accompanied by Drs. Darrah and Birney, a Wabash Railway train was boarded and in due time we reached our homes.

Drs. Darrah and Birney have long since crossed to the Great Beyond. Indeed of all those I met at Jacksonville I cannot name one who is among the living today.

In May, 1876, the Illinois State Medical Society met in the Twin Cities of Champaign and Urbana, the dates being May 16, 17, and 18. The sessions were held in the Chapel of the University of Illinois. As the Twin Cities were on the main line of the Illinois Central and less than one hundred and thirty miles from Chicago, the attendance from that city was large, and included such leading men as Drs. Davis, Hollister, Gunn, Byford, Holmes, A. Reeves Jackson, Andrews, Jewell, H. A. Johnson, etc. In addition there were present many of the old "wheel-horses" of the profession, such as B. F. Haller of Vandalia, E. W. Gray of Bloomington, William Hill of Bloomington, I. N. Barnes of Decatur, W. M. Chambers of Charleston, J. M. Steele of Grandview, G. W. Albin of Neoga—nearly all of these had

been honored with the presidency of the Society, but sad to say are now all dead.

I was the Local Secretary and in fulfilling my duties came in contact with practically everyone in attendance.

The most important business transacted was the appointment of a committee to memorialize the Illinois Legislature with a view to securing the passage of a Medical Practice Act. Indeed, this was so important that it was really epoch-making. Elsewhere I shall go more into detail regarding this.

Dr. S. H. Birney, who long had been a faithful active member of the Society, was desirous of being made president at this meeting, but the fates decreed otherwise, and, as a result, he was run over by the steam-roller, and T. Davis Fitch, who retired as Secretary, captured the prize. Dr. N. S. Davis was offered the position of Secretary of the Society and to the surprise of everyone, accepted. Dr. Davis was nearing his sixtieth birthday and was one of the prominent medical men of the nation; hence the surprise that he should take the secretaryship of the Society.

In this connection I desire to pay a passing tribute to Dr. N. S. Davis, Dr. Edmund Andrews and Dr. J. H. Hollister, all of whom were at this meeting and all in the prime of their manly powers. In addition to being prominent in the profession, in addition to being excellent teachers, they were each the very type of true manliness and personally as clean and white as the driven snow. They have all gone to their reward, but their good works and noble influence have far outlived them; for of each of them it may be said, "that though dead, he yet speaketh," and of all "their works do follow them."

As noticed elsewhere, I was made Secretary of the Aesculapian Society in 1876 and served ten years thereafter. This gave me opportunity to come in contact with, and see much of the physicians of East Central Illinois

and West Central Indiana. In the nearly sixty years that I have been in practice I have had no little to do with Medical Societies, but when all things are considered I can but regard the Aesculapian as one of the best of its kind, (I came near saying *the* best of any kind), that I know of. The members of the Aesculapian fraternize in the truest sense, there is no politics in the organization, and it has always maintained a high ethical standard. The fine example in ethics exemplified in the professional lives of that noble triumvirate of Medical Stalwarts, Dr. William M. Chambers, Dr. William Massie and Dr. A. J. Miller, has not been lost on their successors in the Aesculapian.

Following the meeting in the Twin Cities I did not attend the State Society very regularly as I was engrossed with my professional and private affairs.

In 1892 the State Society met in Vandalia and having some relatives there and furthermore the place of meeting being in the same latitude as that in which I was born and raised I attended the meeting. However, the attendance was small and nothing of moment transpired that I recall. I do remember, however, that during a heavy down-pour we went to the home of Dr. Haller where a reception was tendered us.

World's Fair year, 1903, the annual meeting was held in Chicago and I went to this and read a paper entitled "Diphtheria in Champaign County," the first I had ever presented to the State Society. The report embodied a brief history of the disease as it had occurred in Champaign County and also considered the nature of the disease and the best means of treating and preventing the ailment. The paper was very well received and I can turn to it now and read its pages with some degree of satisfaction.

For the past twenty-seven years I have not missed a meeting of the Illinois State Medical Society and meantime have appeared before it with a number of papers

all of which have been well received. Among these papers, I recall, "The Health Conscience and the Drink Problem;" "Old Age;" "Civil War Medicine;" "Lest We Forget, or Dr. Crawford W. Long, the First Anesthetist;" "A Study of 800 Cases in the Selective Draft of 1917," and later "A Plea for the Bed-time Toilet," which attracted a good deal of attention. At the meeting in 1925 my topic was "Fifty Years of Medical Progress."

I had the address in State Medicine at the meeting held at Quincy in 1906 and chose for my subject the Discovery of Vaccination by Jenner. Although the meeting occurred in the month of May the night upon which my address came was hot almost to suffocation.

The meeting was held in an opera house and the ventilation was none too good and two addresses came before mine. One of these was by the retiring President, Dr. McNary, and the other by a notable, Dr. Roswell Park of Buffalo, and who had been one of McKinley's surgeons. Dr. McNary had School Hygiene for his topic and while what he had to say was good in its way, he read poorly and his voice did not carry beyond the front seats in the house. He was followed by Dr. Park, whose subject was "The Border Lines of Surgery." Like Dr. McNary's address, Dr. Park's was not bad, but on the other hand it was in effect not good; for he read it in a hum-drum manner, threw no force in it, and he, like Dr. McNary, was not heard by many in the hall.

When my time came I rose to my feet resolved to profit by the mistakes of my predecessor, and seeing a man standing in the doorway at the farther end of the hall, raised my voice to a pitch that I felt sure would reach him. I soon satisfied myself that my audience was listening, and thus encouraged, I finished reading my paper and sat down fully impressed with the fact that the indifferent manner in which my predecessors had

presented their addresses had served as a sort of background to mine and put the audience in a sort of receptive mood for what I had to give them. Not that I did so well, but the fact that my predecessors did so poorly, made my address seem better than it really was. However, I trust I shall not be accused of egotism if I say that I still have to listen to compliments for my Quincy address.

In 1916 the State Society met in Champaign City and our County Medical Society made me chairman of the Committee of Arrangements. For place of meeting we secured the Masonic Temple, a beautiful structure, then just completed and answering our purpose admirably. Precisely forty years previously the State Society had met in the Twin Cities of Champaign and Urbana and, as elsewhere stated, means were put to work to secure a Medical Practice Act—in a word State Medicine was born in Champaign County.

As I was present at the meeting forty years before and participation in its proceedings, I felt that these should be remembered in some way. With this thought in mind I designed a fitting badge for the 1916 Champaign Meeting.

In 1877 I attended the American Medical Association for the first time in my life. The meeting was held in Chicago and to it I was a delegate from the Illinois State Medical Society. Accompanying me were Dr. A. T. Darrah, my neighbor from Tolono; Dr. George Callaway, Tuscola; and Dr. John L. Polk, Arcola. As all lived on the Illinois Central we went up to Chicago on the same train and put up at the Palmer House, then but recently built and regarded as one of the finest and most up-to-date hotels in the country. Less than six years previously occurred the great Chicago fire in 1871 and the Palmer House was one of the many good structures that helped to build up the burnt-over district and make for the real betterment of the city.

Although the Palmer House was reputed to be the last word in hotel construction it had no passenger elevator for the very essential reason that this great convenience had as yet not come in use, and guests were obliged to reach its top most story by climbing a goodly number of stairways. I recall seeing Dr. S. D. Gross, the Philadelphia surgeon, mounting the stairway, laboriously it seemed to me to one of his years, though he was then several years younger than I am now. Another notable that I saw at the Palmer was Dr. Marion Sims, who retired from the presidency of the Association the year previously. I remember just how he looked and likewise his pose. He had a fine head and large full forehead which showed to advantage while his hat happened to be pushed back on his head. He was leaning back and resting his shoulders on the high desk in the corridor and was talking animatedly to a friend; and while it was possibly a breach of etiquette, I managed to get within ear-shot and, apparently interested elsewhere, heard every word that dropped from the lips of the renowned gynecologist. One thing he said I shall never forget, and that was if he had his professional life to live over, he would by "hook or crook" try to get more money out of it. These were not his exact words, but they were the gist of what he said. And he was not alone for many of us who have been in professional harness a long while feel the same way.

The meeting was held in McCormick Hall and as the Association in those days was nothing like as large as now, all could easily assemble in one room and transact any and all business in general session. Dr. Henry I. Bowditch of Massachusetts was president and occupied the chair most of the time.

The presidential address of Dr. Bowditch was interesting and well received and referring to the social meetings of the association he said, "Among the most agreeable memories I have of our meeting at Louisville

in 1875, is the fact that all our public entertainments were conducted on temperance principles.

"This was peculiarly significant to dwellers outside the limits of Kentucky. To have such a notable example set in the land whence comes the famous Bourbon whiskey was indeed a triumph for true temperance. Hereafter we cannot do better than follow the lead in two respects, namely:

"First: In its abstinence from all intoxicating drinks, and

"Second: In the invitation it extended to women to meet with us in social intercourse.

"But I could go a step further, and would recommend that the Association should now take the highest ground against the use of intoxicating drinks at its meetings hereafter."

These words of Dr. Bowditch were brought back to me with especial force at a meeting of the Association in Chicago in 1908, thirty-one years later, when I attended an Alumni meeting of the Medical College of Ohio graduates at a certain German hotel, where the refreshments served consisted of beer and pretzels. As I was a total abstainer who had no liking for beer, the bill of fare went against the grain. I asked for a cup of coffee, but this could not be had. Finally I asked for a glass of water and the waiter looked at me with astonishment, but finally got it.

During his address President Bowditch emphasized the importance of State Boards of Health and urged the representatives from the various States where these organizations were not yet in existence, to use their influence to secure their creation.

In that period only the following States had Medical Practice Acts and State Boards of Health, namely, Massachusetts, Louisiana, California, Virginia, Minnesota, Michigan, Maryland, Georgia, Alabama, Wisconsin, Tennessee—eleven in all.

One of the best addresses I listened to at that meeting was the one on State Medicine and Hygiene by Dr. Ezra M. Hunt of New Jersey.

Speaking of Sanitation he said, "Today, I think, we can congratulate ourselves that progress is being more rapidly made in our country than at any previous date. In this good work we, as a profession, mean to go forward. We are not afraid that Othello's occupation will be gone because we teach how to avoid disease, as well as alleviate and overcome it. Our science and our art in order to be effective must also be precautionary. Put out all the storm signals we may, there will be disasters enough."

I thought at the time, and I have not since had reason to change my mind, that it was one of the finest and most scholarly addresses I ever heard from the lips of a physician.

I cannot refrain from quoting the following from the address: "Be it known to all the people of all lands that the American Medical Association meets to prevent as well as to alleviate disease. Ours is not a trades-union manipulating a labor system, but eleemosynary as well as scientific and skillful."

Noble words, nobly uttered, was my verdict when I heard them fresh from the mouth of the cultured speaker.

Another man present at this meeting was Dr. Henry A. Martin of Massachusetts who interested me greatly. He was doing his utmost to have animal vaccination replace arm-to-arm vaccination which up to that time was in vogue. For this cause he delivered a forceful address and furthermore, if I remember correctly, had near his home a herd of young heifers for the purpose of propagating animal vaccine.

Dr. Martin was also the originator of the rubber bandage so familiar to us today, but which at that time had but recently been put before the profession and has

since been known as Martin's Bandage in honor of the originator.

Dr. J. L. Cabell of the University of Virginia made a very full report on the Etiology of Enteric (Typhoid) Fever which embraced sub-reports from all over the country. At that time the germ theory of disease had been tentatively put forward and was, so to speak, being weighed in the balance. A few accepted it hesitatingly; others were considering its merits; and yet others rejected it wholly. A number who reported to Dr. Cabell believed that typhoid could originate spontaneously; and practically all seemed to think that meterological conditions played an important part.

Among other notables at the 1877 meeting was E. R. Squibb, skilled chemist and pharmacist and whose medicinal preparations had attained the reputation of being exceptionally reliable. Squibb was in addition a physician and as such was a delegate to the Association from the State of New York. He was in mature life and his face was little else than a hideous scar, due to a chemical explosion, it was said.

Dr. Squibb was desirous of having certain radical changes made in the U. S. Pharmacopeia, and had brought the matter before the Association. It seemed that Dr. Squibb's proposition if carried out would have made certain radical changes which would have materially affected the U. S. Dispensary of which Dr. George B. Wood was one of the authors and which for a long series of years had been the standard. The result was a vigorous fight between Squibb and his friends on the one hand and the friends of Dr. Wood on the other.

The chief representative of the Dispensatory people was Dr. H. C. Wood, a nephew of Dr. George B. Wood, a man then in the prime of manly vigor. Dr. H. C. Wood appealed to the sentiment of the audience by saying his uncle was an invalid as a result of a para-

lytic stroke and that the proposed change in the pharmacopeia would be a source of annoyance and grief to a sadly stricken old man.

The discussion grew warm and threatened to attain undue length when Dr. N. S. Davis went up on the platform and in a brief, forceful talk, succeeded in getting the undivided attention of the members and closed by moving that the whole matter be laid on the table. The motion carried, and in effect, was a demonstration of the power and influence of Dr. Davis in the Association.

Among noted men in attendance in addition to those mentioned, may be named Dr. John T. Hodgen, the well-known St. Louis surgeon, Dr. Louis A. Sayre and Dr. Frank H. Hamilton, prominent New York surgeons.

Dr. S. D. Gross of Philadelphia had a thoughtful paper on "The Proximate Cause of Pain." Edmund Andrews of Chicago presented an equally thoughtful paper entitled, "Studies on Rendering Incisions Painless by Means of High Velocities."

For a number of years following 1877, I failed to attend the American Medical Association; however, in recent years I have been more regular. In 1916 I attended the Association at Detroit, Michigan, and was in the House of Delegates and was present when an invitation came from the New York delegates to hold the next meeting in New York City. I gladly cast my vote to accept this invitation and so did a majority of the delegates.

In 1917 I attended the meeting in New York City and enjoyed it very much. One night during this meeting a patriotic assemblage occurred in the Hippodrome, a tremendously large auditorium, but notwithstanding its great size and in spite of the fact that admission occurred only by ticket, the great hall was filled to its full capacity. As we assembled a fine band played patri-

otic selections, ending with the Star Spangled Banner, when of course we all stood up.

If I remember correctly Dr. Lambert of New York presided and introduced a beautiful singer who sang Britannia Rules the Waves. Meanwhile she displayed the British flag and the audience cheered lustily. Mayor Mitchell made a ringing speech; short but to the point. He was followed by an eloquent speaker whose name I regret to say I have forgotten. Next the charming Soloist came on the stage and sang the Marseillaise, a large number of male voices joined in the chorus, and meantime the Soloist unfolded the French colors. The applause was deafening.

Dr. George Vincent next took the platform and delivered one of his characteristic addresses. Short, incisive, to the point.

Again the Soloist came on the stage and began singing the Star Spangled Banner, when we all rose to our feet and joined in the chorus. Meantime a fine American flag was unfolded and again the audience went wild. Next Theodore Roosevelt came to the front and delivered the principal address of the evening.

As a patriotic meeting it was a pronounced success. Indeed the atmosphere in the great Hall was so saturated with patriotism that one almost fancied it could be cut with a knife.

XXVI

MEDICAL SOCIETIES, CONTINUED

The American Public Health Association

We have to change the aspect with which we look at medicine. Today it is a case of preventing sickness. I glory in it that ours is the only profession on earth that is trying to destroy itself.—Dr. W. W. Keen.

IN October, 1900, I represented the Illinois State Board of Health at a meeting of the American Public Health Association held in Indianapolis, Indiana. The time of the meeting was in the month of October, consequently the weather was pleasant, furthermore there were in attendance representative sanitarians from all over the United States and from Canada and Mexico as well. Under these circumstances it need hardly be said that I greatly enjoyed the meeting and all connected with it.

The most important occurrence at this meeting was the report of the Yellow Fever Commission by its Chairman, Dr. Walter Reed, of the U. S. Army Medical Service. Dr. Reed's assistants on the Board were Drs. James Carroll, A. Agramonte and J. W. Lazear. Nearly twenty years before Dr. Carlos Finlay suggested that the mosquito was an important factor in disseminating yellow fever and Dr. Reed and his associates resolved to prosecute their work along the lines of this hypothesis. This is no place for details, but let it suffice to say that Dr. Carroll and Dr. Lazear, two of Dr. Reed's assistants, were both bitten by an infected mosquito and the former finally recovered from a severe attack of yellow fever and the latter died from the disease. Meantime a number of young soldiers volun-

teered to sleep in beds in which yellow fever patients had died using the same soiled sheets and bedclothes, and not one of them contracted the disease.

This and similar experiences served to demonstrate that a certain mosquito, known to naturalists as the Stegomyia Calopus, is the host and purveyor of yellow fever; and that it gets the infecting agent by sucking the blood of patients suffering from this ailment. Hence it follows that to prevent the disease the essential thing is to keep the particular mosquito (Stegomyia Calopus) away from the yellow fever patient.

This report of Dr. Reed's he chose to call preliminary as his Committee still had some points under investigation.

Dr. Reed was slight in stature, had blue eyes, reddish hair, very fair complexion and was a very unassuming modest man. Up to that time *fomites,* whatever these were, had been accepted by the profession at large as the infecting agent in yellow fever, and at that very meeting was a large illustration of a boat provided with a spray of some kind for disinfecting supposedly contaminated articles.

Some of the older sanitarians from the South where yellow fever had from time to time prevailed as an epidemic, were loath to accept Dr. Reed's conclusion in toto. Among these if I remember rightly was Dr. Felix Formosa of New Orleans. Dr. Formosa was an Italian by birth, had an attractive personality, was accomplished in his profession, had seen service in the Medical Department of the Confederate Army, and taken altogether was a man of ripe experience whom it was a pleasure and privilege to meet and listen to. Dr. H. B. Horlbeck of South Carolina was another old-time sanitarian who hesitated to believe that the mosquito was the sole culprit in disseminating yellow fever.

The next year, 1901, I was again the Illinois State Board representative at the American Public Health Association held in Buffalo, New York. This meeting occurred in September and early in that month President William McKinley came from Washington to attend the Pan-American Fair at Buffalo. Sad to say while he was making one of his broad humane speeches on the Fair Grounds a fiend, in human-form, shot him, but it was thought at first not fatally. After suffering for some time and giving every promise of recovery, he suddenly grew worse and died the day before the meeting of the American Public Health Association. The train I was on arrived at Buffalo a little after sunrise and before we who had come on it could get away from the station the police suddenly put a stop to all coming and going to and from the station in order that the approaching funeral cortege of the dead president might convey the body to a train that was in readiness to bear it to Washington. There was a large crowd in and about the station and when the funeral cortege appeared, all hats were removed and the most respectful silence maintained. Every one regretted the death of President McKinley and this included the many who were present at the American Public Health Association from the far South—all of whom were to a man opposed to the dead president politically. President McKinley had broad views, was kindly in manner, generous in disposition and in the fullest sense was president of the whole country. Under these circumstances his loss was universally deplored, South as well as North, West as well as East. An especially good man had fallen.

Perhaps the thing that interested me most was Dr. Walter Reed's final report on the etiology of Yellow Fever. This was seemingly so complete and conclusive that there seemed no room for criticism. However,

some of the old war horses in the battles against yellow fever in the past, still thought that *fomites* played its part in the development of that disease, and a Dr. A. N. Bell had quite an elaborate paper written to show that this was one of the chief, if not the chief, factor, in the development and spread of this disease. False theories that have long been in vogue die slowly and hard.

At this meeting I met for the first time Rudolph Herring, the noted municipal engineer. One afternoon in company with him and two other gentlemen, I went to the Pan-American Exposition, but really did not see much of it. The Chicago World's Fair was not very far in the past and those of us that had seen that were hard to please. However, when six o'clock came, I felt very tired from walking around a good deal and I recall the ravenous appetites we all had as we gathered about a very thick and very rich beefsteak with other good things to match.

With the same companions I spent a day at Niagara Falls. We took a boat at Buffalo and landed above the Falls on the Canadian side and after viewing the Falls and what else was to be seen crossed on the Suspension Bridge to the American side, meanwhile watching the surging stream below us and viewing with great interest a boat load of passengers that seemed to approach very close to the torrent of falling water.

Goat Island and the superb trees which grew upon it interested me only a little less than the resistless torrent of water that rushed from one of its cliffs.

Two o'clock that day was the time appointed for President McKinley's funeral and it was agreed that as far as possible all business should cease for the space of a specified time all over the United States. In Niagara City every thing was silent and motionless when the time came, but the Falls, which by contrast seemed to roar all the louder.

Dr. Benjamin Lee, President of the Association, no longer among the living, delivered a splendid address, which was scholarly, interesting and well adapted to the occasion.

In October, 1903, the American Public Health Association met in Washington, D. C., and I had the good fortune to represent the Illinois State Board of Health.

It was interesting to note progress in certain directions. For illustration practically all present accepted the mosquito as the active, and only agent, in the spread of yellow fever, and a number of reports were made showing the pronounced success of measures for prevention of the disease which involved the keeping of the patient and the insect as widely separated as possible. For this purpose every case was carefully screened and all places where the stegomyia calopus could use as a breeding spot were screened, treated with coal oil, etc.

The rigid enforcement of these means practically stamped out the disease in Havana and a number of Mexican cities.

Sad to say, Major Walter Reed whose epoch-making work in demonstrating that the mosquito is the active agent in the spread of yellow fever, had sickened and died not long after his final report on this subject to the American Public Health Association. In fact, rumor had it that exposure while making his yellow fever investigations was a contributing cause to his early death.

At the time of the meeting Theodore Roosevelt was president and he consented to give the Association a reception and fixed a time for this. Some of the members from the South were loath to attend for the reason that a little time before President Roosevelt had invited Booker Washington to lunch with him. However, when the hour came I think practically all the members went to the White House and met the president. We formed

in line and Dr. Wyman, the president of the Association, presented us. When my time came Dr. Wyman said, "Dr. Johnson of Illinois." President Roosevelt grasped my hand, pressed it and said in his earnest way, "Dr. Johnson, I am *de*lighted to meet you," and strange to say, his manner was so magnetic that for a few seconds it seemed to me that I was the only one in the room that he was especially glad to see. In that day he was of medium stature and had not grown heavy as was the case later in life. He was dressed in a gray suit and seemed and acted like a plain, every-day American citizen.

During the meeting one day after dinner we took a boat at the wharf and went down the Potomac river to Mount Vernon. Upon landing we went first to Washington's tomb and when looking at the sarcophagus and reading the inscriptions I had a strange feeling come over me,—a kind of awe which I never felt before. We went in the house, looked at the many interesting things, visited the kitchen and could not resist thinking how greatly behind our day the people of the Revolutionary period were. We visited the old barn and stables and were amazed at the great size and apparent clumsiness of Washington's family coach or carriage. We stood in front of the old mansion, looked up, down and across the Potomac and realized that we were viewing the same scenery that so often met Washington's eyes and in which he took such pride and satisfaction. We turned our steps toward the large garden kept as nearly as possible as its distinguished owner had it, perhaps nothing in this was more striking that the box-hedge trimmed in the old-time way.

Near the garden fence we were shown a tree, of some hardwood variety, planted by President Buchanan nearly a half century before, and now about two feet in diameter.

Recalling the circumstances of Washington's death in December, 1799, some of us went back in the mansion and with much interest inspected the upstairs, half-story room in which he died. On a raw winter's day Washington rode out on his plantation to inspect some work, it began to drizzle, then a light snow fell and when he got back to the mansion his clothes were damp and his wife noticed there was snow in his hair, but he refused to put on dry things. Next morning he got up with symptoms of a cold and remained about the house and at bedtime retired as usual. The members of his household suggested the propriety of his taking something for his cold; meanwhile no little hoarseness had developed. In the middle of the night the patient began to chill and felt a very disagreeable tightness about his throat. Mrs. Washington wanted to get up and do something for his relief but the patient would not permit this, fearing the exposure of his wife in the cold room in which the fire had died down on the hearth not long after bedtime.

However, when morning approached a servant was called and a fire started. Meanwhile a messenger had been sent for the foreman who under Washington's direction bled the patient, not as freely, however, as was desired, owing to Mrs. Washington's interposition and request that no more blood be drawn. A trusted servant on horseback went as speedily as circumstances would permit, to Alexandria for Dr. Craig, the physician and life-long friend of Washington, who hurried to the bedside of his distinguished patient as fast as horseflesh could take him. Arrived at his destination Dr. Craig soon realized that Washington was suffering from acute laryngitis and in accordance with the teachings of the day the patient was once more bled—this time very freely. As soon as they could be procured two physicians were called in consultation, additional bleedings

were resorted to and calomel and tartar emetic administered freely, but in spite of all Washington grew worse and worse and on the morning of December 14, 1799, took his last breath; and to use his own words, "paid the final debt which we all owe to nature."

When a youth I had with great interest read Irving's life of Washington and this charming writer in his inimitable way had described Mount Vernon, Washington's home-life there and family, his last sickness and death. As I had read all this in what was my most impressionable years, it stuck, as a boy would say. This being true I especially enjoyed my visit to Mount Vernon though not made till fifty years later, or thereabouts.

Nothing about the premises impressed me more than the bareness and general dreariness of the room in which Washington died and in looking at it I called to mind the inadequate means that were necessarily brought to bear in his fatal illness. In comparison I could but think of the well equipped sick room of the commonest citizen of our time and of the little that was at Washington's command. Of the trained nurse, furnace heat, hot and cold water, electric light, not to speak of many other conveniences; while near at hand was the telephone, telegraph and automobile (not to name airships and the radio), now at the command of practically all.

In only one thing did the old time sick room compare favorably with the modern and that was in love and devotion to the patient. The humanities have always been the same.

While in Washington I took occasion to visit the various places of interest and among these the Washington Monument. At its base I took the elevator and went to its top, something like five hundred feet above the earth, and as a fierce wind was blowing at the time the height seemed all the more dizzy.

I went out to Rock Creek and saw the arch across this, said to be the longest of its kind in the country,

and, furthermore, had the distinction of having been erected when Jefferson Davis was Secretary of War, and once his name was engraved at the base to express this fact to any who cared to know, but in Civil War days his name was erased in view of the fact that he became one of the country's most inveterate enemies.

I went across the Potomac and visited Arlington, the home of General Robert E. Lee before the Civil War, and the gift of Washington to George Washington Park Custis, the father-in-law of Lee. As all the world knows Arlington is now a Federal Cemetery and literally covered with the graves of Union soldiers, some of whom were distinguished officers. A Union soldier myself all this appealed to me with peculiar interest. As is customary with all visitors I went in the interesting old mansion and duly recorded my name, and from its porch looked across the river and viewed the beautiful picture presented by the capital and its many famous structures and other notable objects. In doing this I could but think what Robert E. Lee had lost when he decided to turn his back on his country, that had educated him, and make war on its flag, for which he had fought in all the conflicts since he left West Point and under whose folds he had sought and obtained protection since his first breath. I said to myself, verily the way of the transgressor is hard. The time of my visit was October and the leaves of many of the trees at Arlington had turned to most beautiful gold and the richest crimson.

Speaking of General Lee I was greatly impressed by a picture I saw in the Corcoran Art Building entitled, if I remember correctly, "Sunset at Appomattox." The artist had represented Lee in superb manly maturity, sitting on a fallen log, his noble war-horse, Traveler, nearby, and his handsome face wearing an expression of becoming sadness, which the just transpired surrender to Grant would explain and justify.

As the reader has doubtless already inferred this was my first visit to Washington and that I was greatly interested in all I saw goes without saying. I went over the Baltimore and Ohio and greatly enjoyed the scenery as we passed through the Alleghanies, both going and coming. The reader will all the more realize my appreciation of this when I say that I was prairie-born and for the greater part of my existence, in fact all of it save the three years I passed in the South in the Union Army, I have lived a prairie-life in scenery-tame Illinois. When we reached the Alleghanies on our way to Washington I had made the acquaintance of a man from Texas, who had a son attending the Virginia Military Institute and who had been stricken with typhoid fever so serious in character that his early death was anticipated. In the heart of the Alleghanies we reached the place where my Texas acquaintance was to transfer and as I bade him bood-bye I could but think of the sad mission he was going on; for a physician I knew that if his son was yet alive, he would in all probability be found in that heavy, comatose condition which the typhoid toxins always produce.

The forest trees all through the Alleghanies were in gorgeous October colors. The oaks and dogwoods in bright crimson, the maples in resplendent gold, and the woodbine in richest purple.

Fate decreed that this Washington meeting of the American Public Health Association was to be the last which I was to attend for many long years. Indeed, fifteen years intervened between the Washington meeting in 1903 and another in Chicago, in 1918, when I was present. The date of this meeting had been set for October but the prevalence of the "flu" caused its postponement till the second week in December.

This 1918 meeting was well attended and the first thing that attracted my attention on going in the place

of meeting in the new Morrison Hotel was the absence of familiar faces. I recalled among the doctors I used to see and meet the names of William Bailey, Benjamin Lee, Walter Reed, Alvah H. Doty, George M. Sternberg, Walter Wyman, P. H. Bryce, Jesus Chico (Mexican representative), H. B. Horlbeck, Felix Formenta, H. M. Bracken, J. N. Hurty; and in addition D. E. Salmon, W. H. Brewer, and Rudolph Herring. Of this list few, very, very few, were present to answer to their names had there been a roll-call. And the scarce three or four present of those named, had somehow grown aged since I last saw them. But the good and sufficient reason why the greater part of those named were absent was because they had crossed to the other shore.

The principal disease discussed at nearly all the sessions was the great pandemic of Influenza from whose throes the country was not yet wholly free. As I elsewhere treat of these discussions at lengh, I will not consider them here.

Near noon-time one day in response to an invitation by the Swift people, we boarded an elevated train and went out to the stockyards and in one of the Swift Buildings, entered a large dining-room and in due time were served with a so-called luncheon—in fact a good dinner for which we all had not neglected to have along our several good appetites.

After this we all—for there were several hundred of us—went up, up, up, in an elevator and saw live hogs start down, down, down, till they became sausage, properly dressed feet and joles and well salted sides, shoulders and hams. We were given opportunity to see live cattle start in and come out as had the hogs, but I had seen enough of this for one day and so declined the last bit of sightseeing, with due thanks to our obliging hosts.

Dr. Charles J. Hastings of Toronto, Canada, was the

presiding officer at this meeting of the American Public Health Association. He was gray, his face was much cris-crossed by wrinkles and altogether he had a venerable look, but he was alert and attentive to his duties as presiding officer. I met him and after a little conversation took occasion to ask his age and found him to be sixty-one, about fourteen years my junior. Think of it! Well, "the good die young," and the old somehow manage to "carry on."

Reverting to the Illinois State Medical Society it may be said of that organization that it has this year (1925) celebrated its Diamond (75th) Anniversary and the Historical Committee, of which I happen to be one, is publishing a history of the Society and likewise a historical sketch of medicine in the State. Of this Society I am the oldest active member and, as far as I can ascertain, am the only member living who attended the Jacksonville meeting fifty years ago. While it may smack of egotism, yet that I have prepared and read before the Society more papers than any other one of my colleagues is but a historical fact.

Finally it has been my fortune to witness the passing to the Great Beyond of many, many friends and colleagues in the profession, the last two of whom were Dr. Norman Bridge, my class mate and friend for nearly sixty years, and Dr. D. W. Graham, long my beloved friend and Civil War comrade. The last time I saw Dr. Graham, December 3, 1924, I had occasion to refer to several of our medical friends who had died not long before, when he spoke up and said, "I'll be the next one." Naturally I was surprised and shocked but ventured to ask, "Why do you say this?" "Because," said he, "I have carcinoma of the esophagus." His prediction proved to be all too true, for in less than three months he, too, had joined the Silent Majority.

In my youthful days, Tom Moore, the Irish Poet,

was very popular and I recall some lines of his that are apropos:

When I remember all
The friends so linked together
I've seen around me fall
Like leaves in wintry weather;
I feel like one
Who treads alone
Some banquet hall deserted,
Whose lights are fled,
Whose garlands dead,
And all but he departed.

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